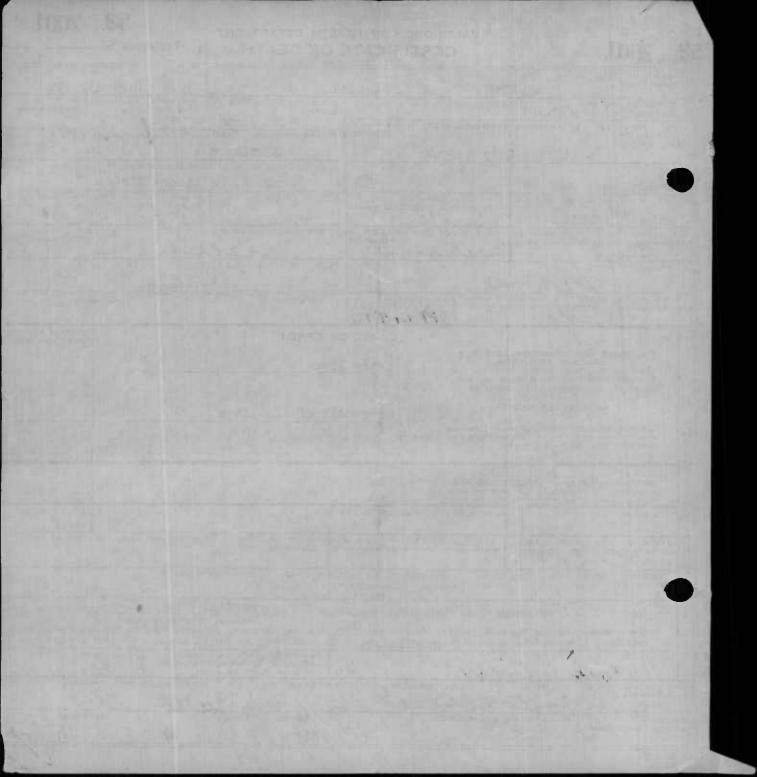
2 7001	SALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	52 Registered M	2 7001
1. NAME OF DECEASED			2. DATE	
(Type or Print) JOSEPH	GEORGROF	POLOUS	OF July	23, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		institution : residence before admission
	itution, give street address or	Maryland	11	M
HOSPITAL OR INSTITUTION	location)		outside corporate limit	s, write RURAL and gi
Baltimore City I		Baltimore		
	Yrs. Mos.			^ +
ength of stay in Baltimore 5. SEX 16. COLOR OR RACE 7. SING	GLE, MARRIED.	8. DATE OF BIRTH	1timore Stre	
Male White S	owed, DIVORCED (Specify)		last birthday) Mo	onths Days Hours Mi
10A. USUAL OCCUPATION (Give kind of work done during most of work flag life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
Clerk, Ke	slaurant	greec	en	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	? ?	
B (duris)		unk	newn	
(15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	I7. INFORMANT	A	DDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death antecedent Causes Z DISEASES OR CONDITIONS, IF ANY, GOOD RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	(a) Fatty (b) Cirrho (c) (c) (c)	liver		
TO THE DISEASE OR CONDITION CAUSIN		PATION		20. AUTOPSY
J 19A. DATE OF OPERATION 13B. MAS	, OK 7 INDINOS OF OF 2			YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
2 id. TIME (Month) (Day) (Year) (Hour) F INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE NORK AT WORK		OCCUR?	
22. I certify that I took charge of t		above, held an Partia	1 Autops	_ thereon and fr
the evidence obtained by said A and death in my opinion results	Lutonsu Inspection or	Inquiry, find that said doses. Solutions \mathbb{Z} , accident \square , suicide	□, homicide □, i	he day stated aboundetermined .
23A SIGNATURE WORTH		23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	OR	July 23, 195 or county (State
24A. BURIAL. CREMA- 24B. WATE TION REMOVAL Specify 7-25-52	Greek C	emeter B	ocation (City, town	md.
DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR	~ Williams Mo	LAMBYOS	1c 440 E.	North Au
V S 151	24	0.6 Ag		V



BALTIMORE CITY HEALTH Registered No 7002 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 23, 1952 FARL DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or R FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balthablala Mercy Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 20 N. Harrison Street Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) Months Days Hours Min. 6 COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 53 Male White USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! vork done during most of working life even if retired) INDUSTRY 13. FATHER'S NAME SOCIAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO (Yes, no or unknown) 79-05-729 CAUSE OF DEATH 81,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT WORK AT WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23c. DATE SIGNED

TION REMOVAL Specify)

LA4C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24B. DATE

ADDRESS

V S 151

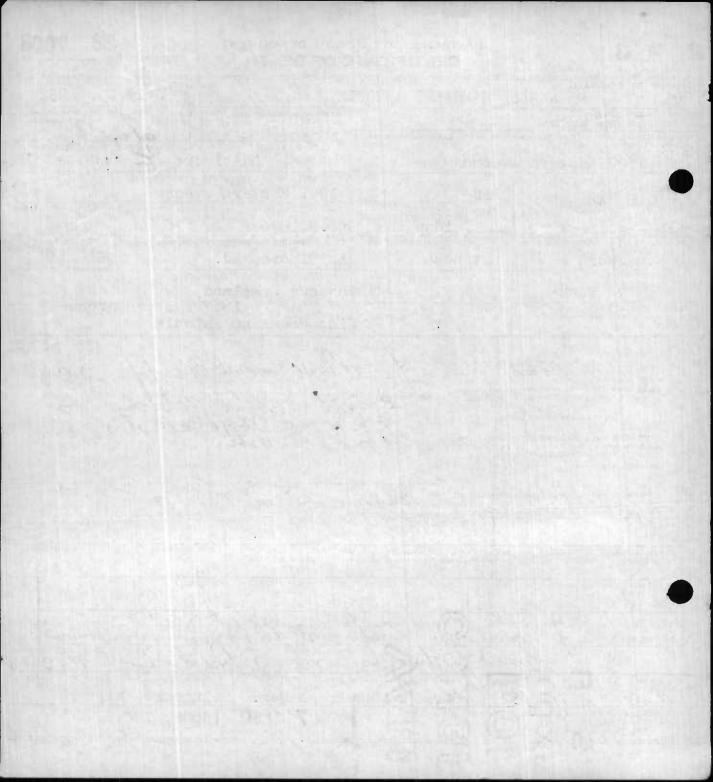
from Police Report

535

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7003

BI	RTH NO.			<u> </u>				
1. (T	NAME OF D	ANNI I	C MAR	GARET ANTON	IE	of July	23, 19	52
Α.		City, Maryland			4. USUAL RESIDENCE (VASTATE LAND	Where deceased lived, If B. COUNTY	institution: re	sidence admission)
H	SPITAL OR STITUTION			ion, give street address or location)		outside corporate limit	ts, write RORA	L and give township
	200	, Dabour 1	renac	Yrs.	D. STREET ADDRESS (If			
C.	Length of s	tay in Baltimore	Life	Mos. Days	1807 Eastern	Avenue		
5.	F	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED,	B. DATE OF BIRTH pr. 7,1876	9. AGE (In years last birthday) Mo	onths Days H	Under 24 Hours ours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN	OF
WOI	House		at :	home	Baltimore, Md.		USA USA	CUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		Dalan.
	?	Funk			Rosanna Freelar	nd		
15 (Yes	. WAS DECEAS , no or uoknown) NO	ED EVFR IN U, S. ARMER (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 180 liss Madeline)7 Eastern, Antonie	dhegue	
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. ; ns the disease caused death SES F ANY, GIVIN STATING TH STATING TH NOT RELATION OF THE STATION OF TH	(B) CH	Mejolor dal dio - browles sime my does dites	Paseff.	3 de	zys
AL C				FINDINGS OF OPER	RATION		20. AU	TOPSY?
EDIC.	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City,	give exact loc	ation)
JD. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK								
	22. I hereb deceased a 23A. SIGNA		1	and that death becur	rred at 30, 1910, to from t	the causes and on t	he date stat	ed above
		1 Dr	acly	1. Temples	200 V 2 /4	with-	7/-2	3/11
TIS	N. REMOVAL (S DURIAL		- 1/	24c. NAME of CEMETE First Evange	The state of the s	OCATION (City, town	ſd,	(State)
	ATE RECEIVE DCAL REGIST		s signatu	Villarus M.Z.	HÉNRY SANDER &	sons, INC	ADDRESS	1
	11.12.74		B	1 0		1001	10 ans	5



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52		7004	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7004 Registered No.

S. J. G. GOLOR OR RACE S. SEX G. COLOR OR RACE Notice of Marked Marked S. SEX G. COLOR OR RACE Notice of Marked S. SEX G. COLOR OR RACE Notice of Marked Notice of M	BII	RTH NO.						
A JUNIAL RESIDENCE (Where deceased lived, if institution, revisitence to headers) B. FULL NAME OF LITTORY St. Joseph's Hospital Yr. Maryland Yr. Maryland			ED	MAGE	ALENA KAFER		OF Too?	y 23,1952
HOSPITAL OR NOTIFICATION St. Jeseph's Hospital Occupant of stay in Baltimore 116			laryland	1200			Vhere deceased lived, I	f institution: residence before admission)
St. JOREPH'S Hospital State	HC	SPITAL OR	(If not in hospita	al or institut		C. CITY OR TOWN (If	outside corporate limi	its, write HURAL and give
ongth of stay in Baltimore 116 Most Mos	12		St. Josep	h's Hos	spital		66) township,
Sex					Yrs.	D. STREET ADDRESS (If	rural, give location)	
No. New No. No					life Days			
HOLSEN THE HOLSEN TO THE HOLSEN TO THE DISEASE OR CONDITION DIRECTLY OTHER SIGNIFICANT CONDITIONS CONDITIONS OF OPERATION DISEASE OR CONDITIONS OF ANY CIVING COTON TO THE DISEASE OR CONDITION AST. OTHER SIGNIFICANT CONDITION CONDITIO				WIDOW	VED, DIVORCED (Specify)		9. AGE (In years last birthday)	N Under 1 Year I Under 24 Hours Inc.
JOHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OF CONDITION CONTRIBUTION CONTRIBUTION TO THE DISEASE OF CONDITION CONTRIBUTION CONTRIBUTIO	10 work	done during most of working	ION (Give kind of glife, even if retired)		INDUSTRY	340		USA 12. CITIZEN OF
15. WAS DECEASED EVER IN U. S. ARMED FORCES; 16. SOCIAL NO. 17. INFORMANT 508 S. Macon 256485 et 24	13			OWIL	HOBIC .	202020		
15. WAS DECEASED EVER IN U. S. ARMED FORCES; 16. SOCIAL NO. 17. INFORMANT 508 S. Macon 25648 of earlies of earlies) 16. SOCIAL SECURITY NO. 17. INFORMANT 508 S. Macon 25648 of earlies of earlies) 18. SCIAL NO. 19.		John Mark	el			Katherine ?		
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does refailure, satisfinite, e.g., it means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ON ANTECEDENT CAUSE (a) STATING THE DUE TO C(c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS of OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 121a. ACCIDENT WAS UNDER. LYING ON CONTRIBUTING before the management of the death of the de	15 (Yes	. WAS DECEASED EVER	R IN U. S. ARMEE	FORCES?		17. INFORMANT 508	S. Macon	Street 24
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death, but to ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING PROPERTY OF CONDITIONS OF ANY CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or CAUSE OF DEATH 21a. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED FINJURY OCCUR? FINJURY OCCUR? 22. I hereby certify that I attended the deceased from July 23, 152, to July 23, 1952, that I last saw the deceased alive on July 23, 1952 and that death occurred at 10:30pm, from the causes and on the date stated above 23a. SIGNATURE 23b. ADDRESS 23b. ADDRESS 23c. DATE SIGNEE 100 OAK 100 N. Caroline Street - 13 July 3, 1952 24A. BURIAL, CREMA: 24b. DATE 34c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or country) USES OAK 100 N. Caroline Street - 13 July 3, 1952 ADDRESS TOWN AND THE COUNTRY OF THE PROPERTY OR CREMATORY 24b. LOCATION (City, town, or country) USES OAK 100 N. Caroline Street - 13 July 3, 1952 24A. BURIAL, CREMA: 24b. DATE 34c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or country) USES OAK 100 N. Caroline Street - 13 July 3, 1952 24A. BURIAL, CREMA: 24b. DATE 34c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or country) USES OAK 100 N. Caroline Street - 13 July 3, 1952 24A. BURIAL, CREMA: 24b. DATE 34c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or country) USES OAK 100 N. Caroline Street - 13 July 3, 1952 24A. BURIAL, CREMA: 24b. DATE 34c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or country) USES OAK 100 N. Caroline Street - 13 July 3, 1952 24A. BURIAL, CREMA: 24b. DATE 34c. NAME OF CEMETERY OR CREMATORY 24b.	_	no			none	Mr. Harry Rea	Kafer	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEASAS OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE NOT WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from July 23, 152, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 10:30pm, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 1400 N. Caroline Street - 13 July 3, 1952 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Durial 7/28/52 Oak Lawn Cemetery Baltimore, Md. DATE RECEIVED BY LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR ADDRESS LOCAL REGIS		(This does not meart failure, asthinjury or compliant ANTEC	ean the mode or enia, etc. It mea cation which e CEDENT CAUS ONDITIONS, III DIE CAUSE (A) CONDITION LA	f dying, e. ; ns the diseas aused death SES FANY, GIVII STATING TI	(B)		on & Hyperte	nsion
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 22I. INJURY OCCUR? WHILE AT MOT WHILE AT MOT WHILE AT WORK AT WORK 22I. I hereby certify that I attended the deceased from July 23, 152, to July 23, 1952, that I last saw the deceased alive on July 23, 1952 and that death occurred at 10:30 pm, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 1400 N. Caroline Street - 13 July 23, 1952 24A. BURIAL. CREAT 24B. DATE ACC. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY LOCAL REGISTRAR COUNTY SANDER & SONS, INC. ADDRESS LOCAL REGISTRAR LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY	tal	TRIBUTING TO TH	ICANT CONDI	NOT RELATI	ED			
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21b. Time (Month) (Day) (Year) (Hour) 21c. INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from July 23, 152, to July 23, 1952, that I last saw th deceased alive on July 23, 1952, and that death occurred at 10:30 pm, from the causes and on the date stated above 23a. SIGNATURE 23b. ADDRESS 24a. BURIAL, CREA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR SIGNATURE DATE RECEIVED BY REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR ADDRESS LOCAL REGISTRAR LOCAL REGISTRAR	EDIC	LYING OR CON	TRIBUTING				If in Baltimore City,	give exact location)
22. I hereby certify that I attended the deceased from July 23, ,152, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 10:30pm, from the causes and on the date stated above 23a. SIGNATURE 23a. SIGNATURE 23b. ADDRESS 24a. BURIAL, CREA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. Lawn Cemeters Baltimore, Md. DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE 125. FUNERAL DIRECTOR ADDRESS 1400 N. Caroline Street - 13 July 23, 1952 25. FUNERAL DIRECTOR SONS, INC.	2		(Day) (Year)	I Veu	WHILE AT NOT WHILE		Y OCCUR?	
deceased alive on July 23, 1952, and that death occurred at 10:30pm, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 1400 N. Caroline Street - 13 July 23, 1952 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) burial 7/28/52 Oak Lawn Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR HENRY SANDER & SONS, INC.	h	22 I hamahas santi	ifn that I att				July 23 105	2 that I last sam th
23a. SIGNATURE 23a. ADDRESS 1400 N. Caroline Street - 13 July 23, 1952 24a. BURIAL, CREMA- TION, REMOVAL (Specify) burial 7/28/52 Oak Lawn Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR HENRY SANDER & SONS, INC.		desegred alive on	July 27	1052	and that death occur	med at 10:30pm from t	he causes and on	the date stated above
24a. BURIAL, CREMA- TION, REMOVAL (Specify) burial 7/28/52 Oak Lawn Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR Williams M.P. RALTO, 13 MD. (State) 124b. LOCATION (City, town, or county) (State) Baltimore, Md. ADDRESS HENRY SANDER & SONS, INC.				, 15)c.	7		ne causes and on	23c. DATE SIGNED
24a. BURIAL, CREMA- TION, REMOVAL (Specify) burial 7/28/52 Oak Lawn Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR Williams M.P. RALTO, 13 MD. (State) 124b. LOCATION (City, town, or county) (State) Baltimore, Md. ADDRESS HENRY SANDER & SONS, INC.		2	.m.	The	M. D.	1400 N. Caroline	Street - 13	July 23,1952
burial 7/28/52 Oak Lawn Cemeters Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR SONS, INC. ADDRESS FUNERAL DIRECTOR SONS, INC. ADDRESS FUNERAL DIRECTOR SONS, INC.	24	A. BURIAL, CREMA-						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR SONS, INC. ADDRESS THE TOTAL TO 13 MD.	110	2 4 9	7/28/5		Oak Lawn Cer	meters Ba	Itimore. M	d.
VS 150 0 Be. A. A.		TE RECEIVED BY		SIGNATI		25. FUNERAL DIRECTOR		ADDRESS
1 Day I Marili		VS 150	6				Bear	A Dans

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52	7005	
DIDTI	1 110	

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7005

BIRTH NO. CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED 2. DA	
DE.	ATH JULY 24th., 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland C1	ceased lived. If institution; esidence . COUNTY before admission)
1 11 1	corporate limits, write RURAL and give township)
ength of stay in Baltimore Life Yrs. Mos. Days Days D. STREET ADDRESS (If rural, given the property of th	
Female White Widowed July 13,1876	E (In years of Under 1 Year of Under 24 Hours to birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) At Home 10B. KIND OF BUSINESS OR INDUSTRY Baltimore, Maryland	Duntry) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John E.Adams 14. MOTHER'S MAIDEN NAME Mary C.Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or anknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT Mrs.Alice Sindall-4	ADDRESS 401 E.Lanvale Street
18. 4 yo. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ion 9 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.)	altimore City, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCU	JR?
22. I hereby certify that I attended the deceased from 2.23, to 7-2	
deceased alive on 7-23, 1952, and that death occurred at 3 4. m., from the cause	
23A. SIGNATURE 23B. ADDRESS AM . D. W. C. Cham	47.7
	Avenue, Balto:Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE COORSE J. Ruth, Inc17	735 Harford Avenue

BUELL NEW CO. THE PERSON Harteman Cassort of Inc CHECK TOTAL TOTAL genobl. (Temple manufactor of the contract of . The state of the 100 to 100 to

\$\$ 5,006

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7006
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF Hallameyer, Mary E DEATH July 24. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR location (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos length of stay in Baltimore Life Days 1510 E. Oliver Street 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH If Under 1 Year II Under 24 Hours 9. AGE (In years) last birthday) Months Days Hours! Min. March II, 1874 Widow Whi te Female 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore, Maryland At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Conrad Parr Catherine Busch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (If you give war or dates of service)
None (Yes, no or naknowa) SECURITY NO. None Mr.Fred C.Hallameyer-#3325 Shannon Dr. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO X YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE m. WORK 1952, to July 24 22. I hereby certify that I attended the deceased from July 24 . 19_54 that I last saw the deceased alive on July 24, 19 52, and that death occurred at 3:45 Am., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 11:00 N. Caroline Street July 2h. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY or CREMATORY | 24c. LOCATION (City, town, or county) 24B, DATE Holy Redeemer Cemetery Belair Rd.Balto:Md. Burial 7-26-I952 25. EUNERAL WIRECTOR ADDRESS Harford Avenue DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 5 unlington VS 150

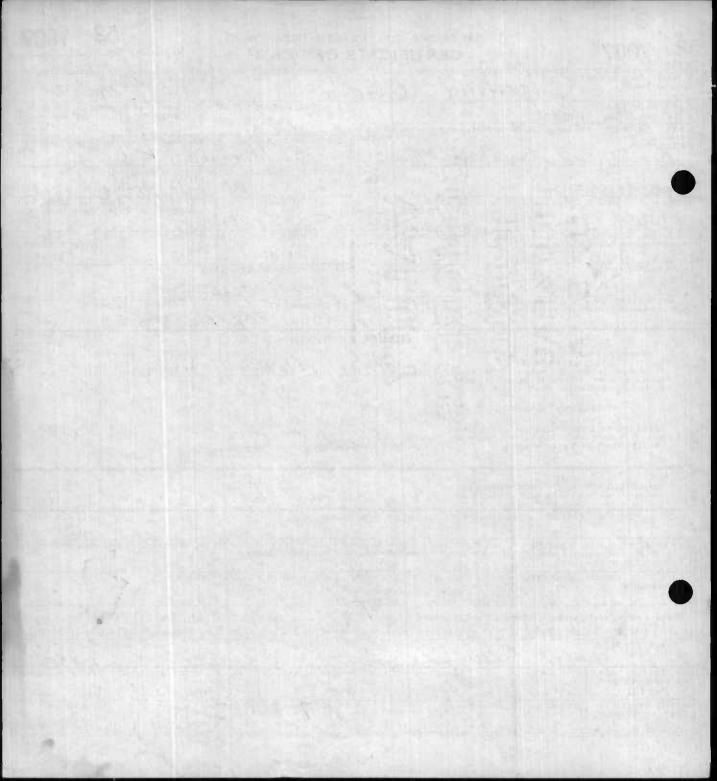
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7007

1. NAME OF DECEASED (Type or Print) 2. DATE ovaland pordon OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give location C. CITY OR TOWN INSTATUTION township TIMUIR Day-Yrs. o. STREET ADDRESS (If rural give location) Mos. 0/0/5/01/29 ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (in years) Il Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. SINGLE 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY PACKE RS LABBRER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRUIT (M) HOMAS WICLORIA 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL ADDRESS (Yes, no or uokoowo) SECURITY NO 426E215T.ST. ADDIE PARKER 2/2-12-7718 INTERVAL BETWEEN 18. CAUSE OF DEATH 450.01 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY VIOSC/a VOSIS-GUNEVO LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II. RT 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 21B. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from July 19 1952 to July 24, 19 1 that I last saw the deceased alive on July 24 19 and that death occurred at 5.1 a.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS anjula 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. SUNERAL DIRECTOR VS 150



17 40

BALTIMORE CITY HEALTH DEPARTMENT 52 7008
BURNO. 7008 CERTIFICATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) LACK2 MR, LUPWI9. 2. DATE OF DEATH 7/24/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and g
Yrs. D. STREET ADDRESS (If rural, give location)
Dength of stay in Baltimore 31 No. 801 Woodward Daive
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 2 Months: Days Hours Mi
10A. USUAL OCCUPATION (Give kind of work in done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY WHAT COUNTRY
13. FATHER'S NAME
Mr. Ludwig Lackl Regina Spottel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or tubbown) (If yea, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH (A) COUSTAIN (A) LOUGHOUTE DUE TO
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Mysearchial mufficing 2 more one to Bronchial astlina 8 use.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or long in the plant of
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK
22. I hereby certify that I attended the deceased from 7/22/52, 19, to 7/24, 19, that I last saw
deceased alive on 7/2 V, 1952 and that death occurred at 9:402 m., from the causes and on the date stated abo

24A. BURIAL, CREMA-TION REMOVAL (Sprify)

M. D. Mirel Home + It opital
CEMETERY OR CREMATORY 24D. LOCATION (City, to
Heart Ceny Salto

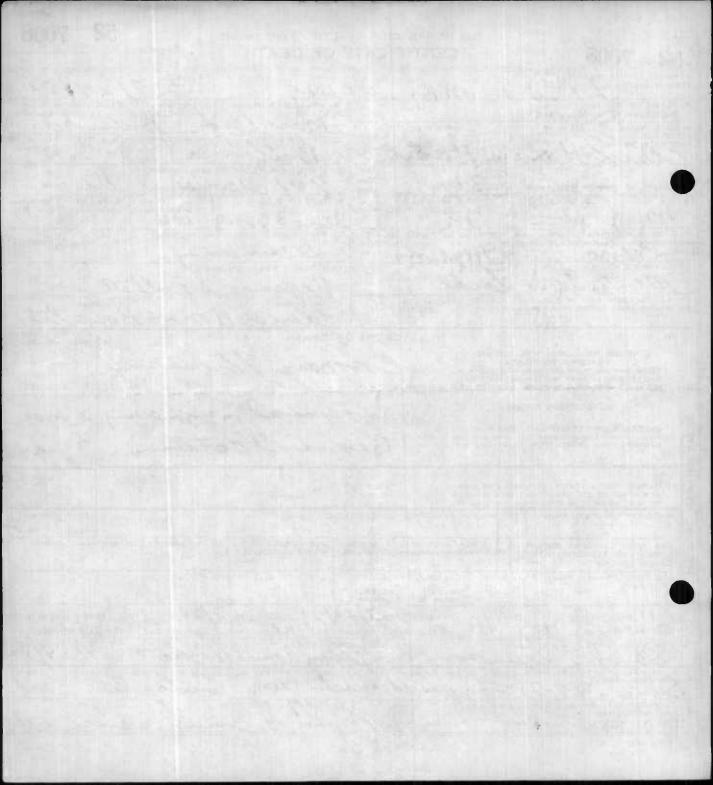
24D. LOCATION (City, town, or ecunty)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7009

BIRTH NO.		- O. DEMIII		
1. NAME OF DECEASED (Type or Print)	2 -		2. DATE 2. 3	mey 1952
3. PLACE OF DEATH:	nes .	4. USUAL RESIDENCE (DEATH 5_	f institution : residence
A. Baltimore City, Maryland	Valley 9-	A. STATE	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION	location)		f outside corporate limi	is, write RURAL and give
Lettle Sisters	of the town	Ball	Donore 1	(township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Mos. Days	12001	Jally S	r
5. SEX 6. COLOR OR RACE 7. SING	DWED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday) M	ff Under 1 Year If Under 24 Hours Intho Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KI	ND OF BUSINESS OR	30. 1863	89	
work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Williams Colombia		format e	1/	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL	17. INFORMANT	Komens	DDDRESS
(If yes, give war or dates of service)	SECURITY NO.	Petro data	- 0 FE	8-0-
18. 1422-1	CAUSE	OF DEATH	3	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y (1)	9/21	and T.	ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e. g., (A)	rome Ingo	caralles	6 moveu
injury or complication which caused de	th.) DUE TO	-0/1		
ANTECEDENT CAUSES	(1)	longs alon	MIL	541
DISEASES OR CONDITIONS, IF ANY, GIV	(B)	cono que		
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
70110	(C)			***************************************
OTHER SIGNIFICANT CONDITIONS OF				
TRIBUTING TO THE DEATH, BUT NOT RELA	TED			
, 19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
OA				YES NO
	LACE OF INJURY (e. g., l ne, farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
m.	WHILE AT NOT WHILE AT WORK		A	
22. I hereby certify that I attended to	ne deceased from	ly - , 1912, to 12	rly 23 , 195	2. that I last saw the
deceased alive on My20, 1953	and that death occur	roled at 4-15 Pm., from t	the Tcauses and on t	the date stated above.
23A. SIGNATURE O Co Gill	Hall Mit	1631ENOU	h ave	July 23-52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, of county) (State)
Burial July 25/53	Loudon 10	urk D	allimon	
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	Marus Miz	25. FUNERAL DIRECTOR	0 000 7	ADDRESS
	Judgetow J. J	Ngula Wied	efeld 4006.	Biddle Sh
VS 150				

BALTIMORE CITY HEALTH DEPARTMENT

52 7010 Registered No.

BIRTH NO

CERTIFICATE OF DEATH

1. (T	NAME OF D ype or Print)		imile !	Taylor		2. DATE OF DEATH	July 22, 1952
Α,		City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	
H	FULL NAME OSPITAL OR STITUTION	609 V. 1		ion, give street address or Iocation)	c. CITY OR TOWN	(If outside corporate li	inits write RURAL and give township)
				Yrs. Mos.		SS (If rural, give location)
	Length of s	tay in Baltimore	7 CINCL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
	female	vhite	Widow	ED, DIVORCED (Specify)	About 1877	last birthday)	Months Days Hours Min.
		CUPATION (Give kind of of worklog life, even if retired)	OWN 1	OF BUSINESS OR INDUSTRY	Virginia	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME Thurst	on		14. MOTHER'S MAI	DEN NAME	
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or deter	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	y Council Rucor	ADDRESS
CERTIFICATION	heart failu injury or DISEASE:	LEADING TO DEAT i not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the diseas aused death ES F ANY, GIVIN STATING TH	(B) (B) GE DUE TO	Erebral He		2
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D	•	/	
	19A. DATE C	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,			ty, give exact location)
	ID. TIME F INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
			21952	and that death of fur	red to 10, 1972 red to 1, m., 3B. ADDRESS		95 2that I last saw the n the date stated above. 23t. DATE SIGNED
Zi Ti	AA. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY	24D.LOCATION (City, to Baltimore,	own, of county (State)
	ATE RECEIVE CAL REGIST	DAD.	ssignatu	Villiams Mo	25. FUNEGAL PIRE	ctor ()	ot. Faul Street

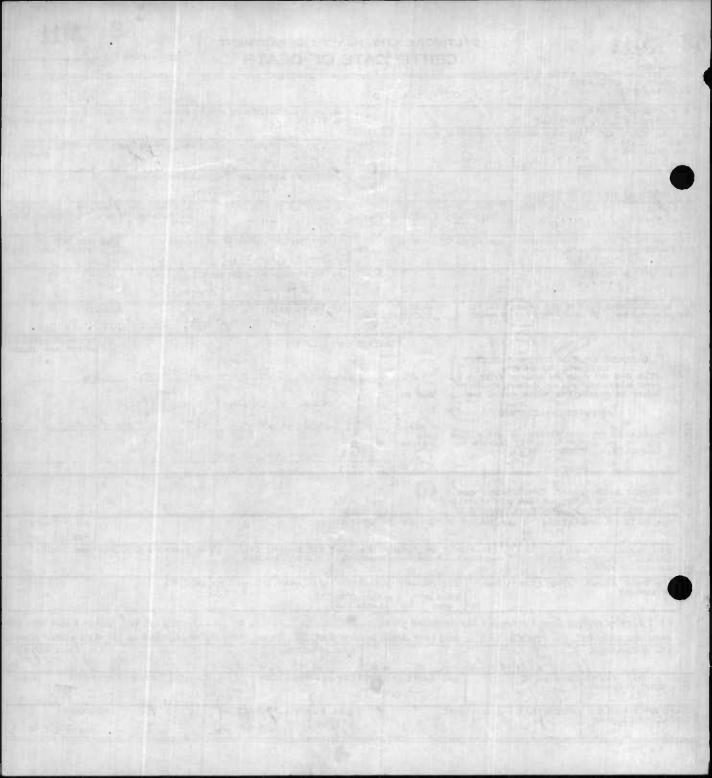
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VS 150

52 7011

1.0	LLU	•		ERTIFICAT	E OF DEAT	H Regis	stered No.	
_	RTH NO.							
(T	NAME OF D ype or Print)	ECEASED J.	mes Coo	rge Coomes		2. DATE OF DEATH	July 2	3, 1952
	PLACE OF D Baltimore (City, Maryland			A. STATE	NCE (Where deceased B. COL		titution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit Crawford I 2117 Denni	letreat	n, give street address or location)	Maryland c. CITY OR TOWN Baltimore	(If outside corpor	te mores la	ite RORAL and give township)
		100,007	real par	Yrs.		ESS (If rural, give loc	ation)	
C.	Length of s	tay in Baltimore		Mos. Days	717 W. Len	nox Street		
5.	sex male	6.COLOR OR RACE	7. SINGLE. WIDOWE	D. DIVORCED (Specify)	Nov. 1, 188	last birth	years If Und iday) Month	er I Year If Under 24 Hours Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B, KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign country) 12	WHAT COUNTRY
13	FATHER'S N	NAME 11iam H. Coor	าคร	Consti	14. MOTHER'S MA	ret Moore		V
18 (Ye	5. WAS DECEASION, no or unknown)	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL 18-10-4334	17. INFORMANT	. Griest, Far		RESS
RTIFICATION	DISEASE: RISE TO T UNDERL	LEADING TO DEA' not mean the mode or, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication of the c	of dying, e.g., and the disease, aused death.) SES FANY, GIVING STATING THE ST. TIONS CON-	(B) DUE TO PL	ellal nder och purtanda euman	Levering CV.	J. V.	e de la companya de l
CE	TO THE D	S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1	CAUSING IT.		RATION		••••••••	20. AUTOPSY?
IEDICA	21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (c. g., 1 m,factory,street,office bldg.,			re City, give	YES NO E exact location)
	1D. TIME F INJURY	(Month) (Day) (Year	W	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
	22. I hereb deccased a 23A. SIGNA		tended the d	nd that death occur	rred at 3 m.		nd on the	that I last saw the date stated above 23c. DATE SIGNED
2 TI	4A. BURIAL. ON REMOVAL (S burial	CREMA- 24B. DATE 7/26/52	red 2	4c. NAME OF CEMETE Parkwood Ce		24b. LOCATION (C		county) (State)
	ATE RECEIVE		s signatur	Williams N	25. FUNERAL DIR	1900 ? 12		DDRESS Poul Street

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BALTIMORE CITY HEALTH DEPARTMENT

52 7012

BI	RTH NO.			CERTIFICATI	OF DEATH		
	NAME OF D ype or Print)	Ca Ca	armela F	lestivo		2. DATE OF DEATH	25, 1952
3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I. B. COUNTY	f institution : residence before admission)
В.	FULL NAME		al or instituti	on, give street address or	Maryland		
	STITUTION	310 W. I	R'ddle S	treet location)	C. CITY OR TOWN (I Baltimore	f outside corporate limi	ts write RURAL and give township)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I		
S.	sex Cemale	6. COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify) OWED	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or : Italy	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	, FATHER'S		1		14. MOTHER'S MAIDEN N	IAME	
		Nicas	sio Lapr	ince	Lena		
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SDCIAL SECURITY NO.	17. INFORMANT Casey Restivo,		ADDRESS Street
	18. 42	2.1 and.	E931.	9 CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		1	1+00	7	ONSE! AND DEATH
	(This does	not mean the mode oure, asthenia, etc. It mea	of dying, e.g.	(A)	and than	20100	100y
	injury or	complication which	caused death.	i _ Due to a	rterioscle	robe	
		ANTECEDENT CAUS	SES		a dian		disces
Z		S OR CONDITIONS, I			acaso oc		
FA		THE ABOVE CAUSE (A) YING CONDITION LA					
I.C				(C)		•••••••••••••••••	***************************************
ERTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON		11 0	-1	4
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D /	Heat &	f hours	lien
				FINDINGS OF OPER	ATION	***************************************	20. AUTOPSY?
AL							YES NO X
MEDICAL		R CONTRIBUTING DEATH		CE OF INJURY (e. g., it arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
	10. TIME F INJURY	(Month) (Day) (Year	v	TIE. INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?	
	22 I houel	or anutify that I at	m.	WORK AT WORK	25, 1952, to_	Jan 1 - 25 10 6	2, that I last saw the
deceased glive on 15. 1952, and that death occurred at m., from the carges and on the dat							
	23A. SIGNA		Her		36 ADDRESS TO COLO 1	Rd,	23c. DATE SIGNED
710	AA. BURIAL.	Specify)	24) 8- 2	New Cathed	D	LOCATION (City, town	
	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		23. FUNERAL DIRECTOR		ADDRESS Paul Street
=	VS 150	1302 71.3	to of the	Wallacus Mo	?		
	13 130	N-981.3	0	1			

NOT A MEDICAL EXAMINER'S CASE

WILL COURT M.D.

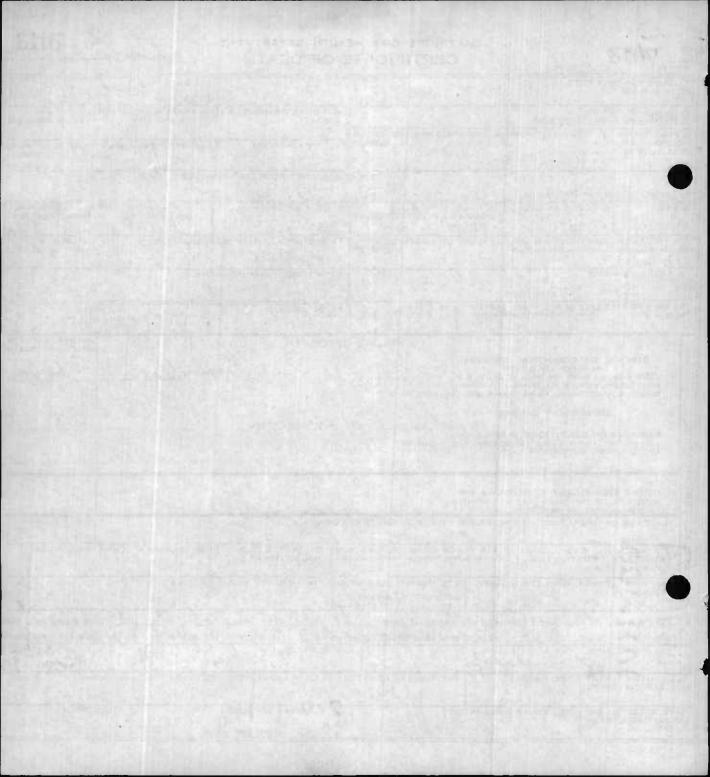
CHIEF OR ASS'T MEDICAL EXAMINER

2 7013 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7013 Registered No.

FULL NAME of HOSPITAL OR CITY OR TOWN (If outside corporate White and public RAL and a country) C. CITY OR TOWN (If outside corporate White and public RAL and a country) C. CITY OR TOWN (If outside corporate White and public RAL and a country) C. CITY OR TOWN (If outside corporate White and public RAL and a country) C. CITY OR TOWN (If outside corporate White and public RAL and a country) C. CITY OR TOWN (If outside corporate White and public RAL and a country) C. CITY OR TOWN (If outside corporate White and public RAL and a country) C. CITY OR TOWN (If outside corporate White and public RAL and a country) (If outside corporate White and public RAL and a country) (If outside corporate White RAL and a country) (If outside c	BIRTH NO.							
A Baltimore City, Maryland F. FULL NAME OF (If not in hospital or institution, give street address or location) FOR E. Chase Street TOTE. Chase		CEASED Lor	ette M.	. DeJoy		OF	July 2	14, 1952
C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED DIVORCED (Spedio) Married 10. USUAL OCCUPATION (Sirvakided) 10. USUAL OCCUPATION (Sirvakided) 10. AUSUAL OCCUPATION (Sirvakided) 11. BIRTHPLACE (State or foreign country) 12. AUTORIAL 10. BIRTHPLACE (State or foreign country) 12. AUTORIAL 10. BIRTHPLACE (State or foreign country) 12. AUGUSTAN (State or foreign country	B. FULL NAME OF HOSPITAL OR	ity, Maryland OF (If not in hospital		location)	A. STATE Mryland C. CITY OR TOWN	B. COL	UNTY	before admission)
S. SEX G. COLOR OR RACE T. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) S. DATE OF BIRTH The property of the property	c. Length of st	ay in Baltimore		Mos.			ation)	
NOTE STATE STATE TO THE PERSONNE COUNTY COUN			MIDOM	ED DIVORCED (Specify)		last birth	years It Uni	dut I Year II Under 24 Hours hs Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT DeJoy, 707 E. Chase Street	work done during most of	working life, even if retired)		INDUSTRY			7) 12	2. CITIZEN OF WHAT COUNTRY?
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. William T. DeJoy, 707 E. Chase Street CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER- LIB. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 10D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? 11D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 11D. TIME (Month) (Day) (Year) (Hour) 12 I. INJURY OCCUR? 11D. TIME (Month) (Day) (Year) (Hour) 12 I. INJURY OCCUR? 12 I. Hereby certify that I attended the deceased from 13 I. 19 L. to 13 I. 19 L. that I last saw in work while and the control of the					14. MOTHER'S MAII	DEN NAME		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 10. TIME (Month) (Day) (Year) (Hour) Printing (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from 19 140 19	15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMED (1f yes, give wer or date)	FORCES?		17. INFORMANT ADDRESS William F. DeJoy, 707 E. Chase Street			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING Month (Day) (Year) (Hour) 21E. INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 21 July 19 4to 23 July 19 4to 23 July 19 4to 23 July 19 4to 25	DISEAS (This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING	LEADING TO DEAT not mean the mode of e, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) ING CONDITION LA GNIFICANT CONDITION TO THE DEATH, BUT	I'H f dying, e. g ns the diseas aused death EES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) (C) (C)	cerbal.		4	3 days
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 21 July, 1954 to 23 July, 1954 that I last saw to		0						YES NO
23a. SIGNATURE 23c. DATE SIGNE	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 195 to 23A. SIGNATURE 23B. ADDRESS						That I last saw the	
burial 7/28/52 Paltimore Cemetery Baltimore, Muryland	Muryland							
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL RECISTRATE Tuntington Williams Milliams Cook Dec. 1217 St. Paul Street								

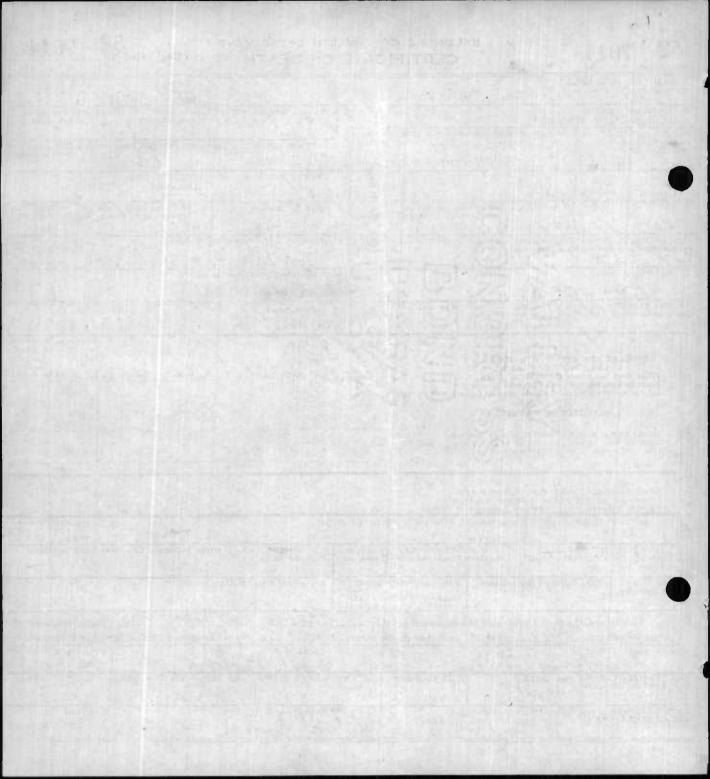


52 7014

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7014

BIRTH NO.							
	R. Far or		2. DATE OF DEATH Ju	ly 23, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital Hospital OR INSTITUTION) GOOD Bellon		4. USUAL RESIDENCE (WA. STATE ICATY LAND C. CITY OR TOWN (If	B. COUNTY	f institution: residence before admission) its write RULAL and give township)			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1600 Calvert Street					
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	80	If Under 1 Year on the Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carroll Country, Maryland 12. CITIZEN OF WHAT COUNTRY					
Charles T. Relfs 15. WAS DECEASED EVER IN U. S. ARMED		14. MOTHER'S MAIDEN NAME - Settie Smith					
(Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	17. INFORMANT Mrs. Richard Rigg		ADDRESS			
DISEASE OR CONDITION E LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	dying, e. g., (A)	Eno selectic (ades - Vose	es deser			
1 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER			20. AUTOPSY?			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK AT WORK AT WORK							
22. I hereby certify that I attendered alive on 23 and 23A. SIGNATURE	22. I hereby certify that I attended the deceased from 1950, 19, to that I last saw to deceased glive on 1950, and that death occurred at 10 mm., from the causes and on the date stated abov						
24A. BURIAL, CREMA- TION, REMOVAL (Specify) THE RECEIVED BY REGISTRAR'S SIGNATURE. 24B. DATE Common of Cemetery or Crematory 24D. LOCATION (City, town, or county) (State) Westminuter Cemetery or Crematory Not thing to a county of the common of the co							
VS 150	rglon Welliaus My	? Mai. Borte. h.	c. 1817 St. 1.	od Street			

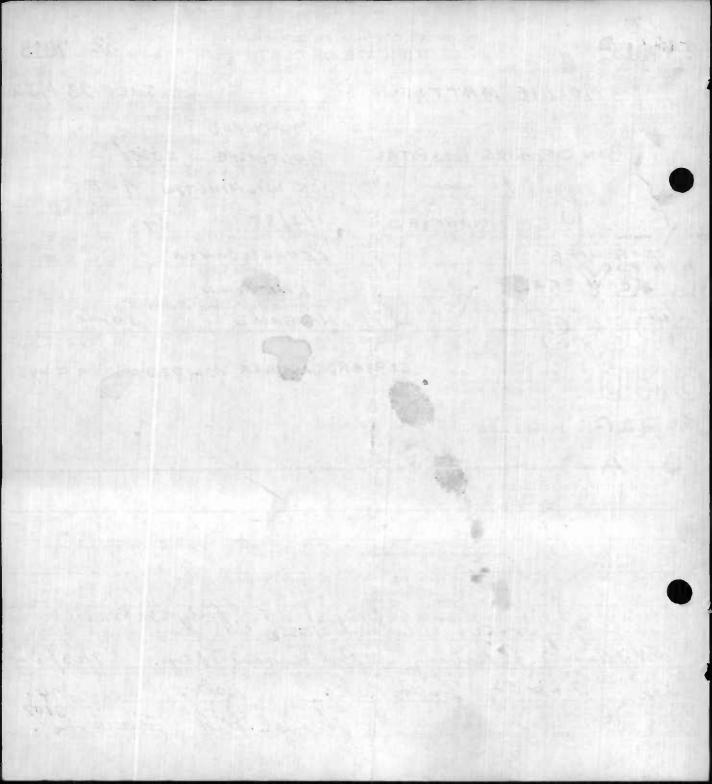


2 7015 BIRTH NO.

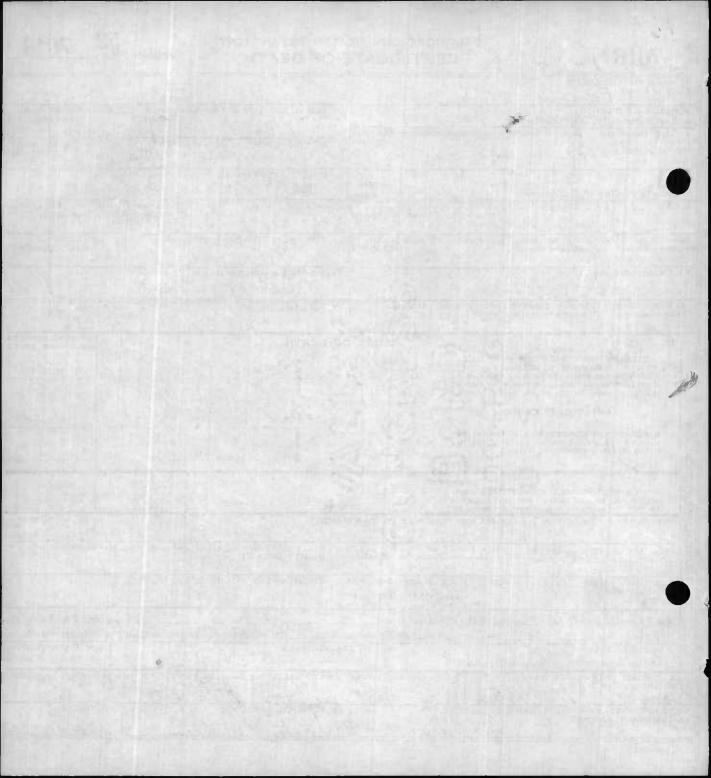
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered N52 7015

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) MOLLIE MATTHEWS	2. DATE OF JULY 23, 1952
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	44 4 4 4 4 4 4
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits) write RURAL and give township)
BON SECOURS HOSPITAL	BALTIMONE - 25mil.
Yrs. Mos.	905 WILMINGTON AVE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	
F WIDOWED, DIVORCED (Specify)	1/2/88 64
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN EKAS	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mr. John Matthews ADDRESS
No SECORITY NO.	HXSBAND SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOESY?
7	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	o or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY . WHILE AT WORK AT WORK	
	red at 10:55 pm., from the causes and on the date stated above. 3B. ADDRESS 23c. PATE SIGNED
Nilliam Q. Villsbruy M. D. 1 24A. BURIAL, CREMA- 24B. DATE 110N. REMOVAL (Specify) 7-26-52 London Par	300 secons 740sp. 7/23/52
DATE RECEIVED BY REGISTRAR'S SIGNATURE JUL 25 1952 Juntington Manua Met.	Herry E. Dill. Fredle 4.e.
VS 150	



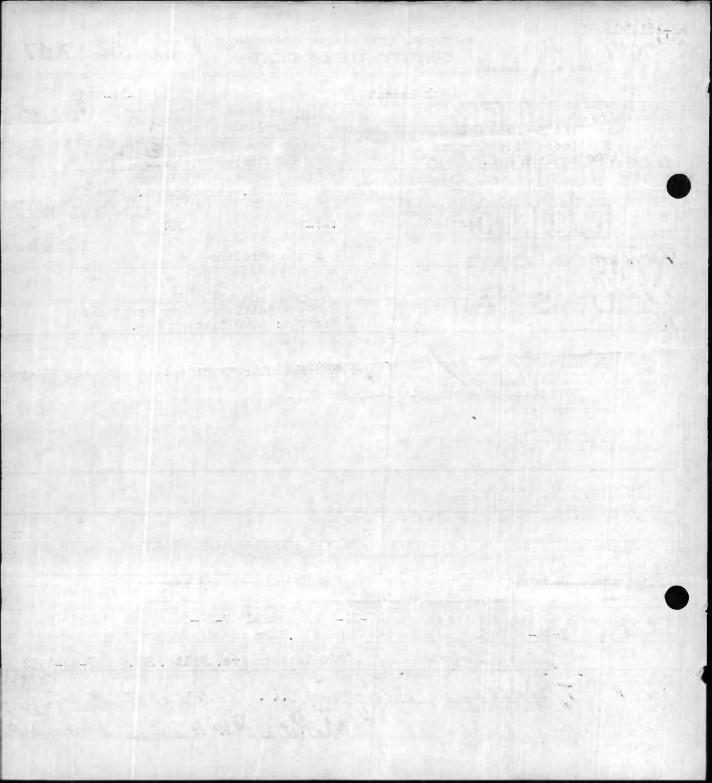
-	16		RAI	TIMORE CI	TY HE	ALTH DEPARTMENT	E	52	2040
S	7016	52-047				E OF DEATH	Registered N	0	703.6
	NAME OF D ype or Print)	BEVERLY &	tesson	,			2. DATE OF DEATH JUG	42:	2,1952
	PLACE OF D Baltimore (EATH: / City, Maryland				A. STATE MD.	Where deceased lived. If i		: residence forc admission)
HO	SPITAL OR	OF (If not in hospit			ddress or location)		f outside corporate Amite	www.ide let	RAL and give
IN	STITUTION	NIVERSING	HOSP 1	TAL		BALTIMO		0	township)
G.	Length of s	tay in Baltimore		LIPE	Yrs. Mos. Days	o. STREET ADDRESS (III			
5.	F.	6. COLOR OR RACE		, MARRIED, ED, DIVORCED	(Specify)	MAR 2, 1952	9. AGE (In years li last birthday) Mo	Under 1 Year pths Days	Hours Min.
Work	A. USUAL OC done during most	CUPATION (Give kind of of worklog life, even if retired)	IOB. KIND		S OR DUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITI	ZEN OF
13	LAREN	NAME CE HESCO	N			14. MOTHER'S MAIDEN N MARGARET			/
15 (Ye	WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	17. INFORMANT MOTHER	Ŝ	AM	5	
	18. 57	1.01		C	AUSE	OF DEATH			VAL BETWEEN T ANO OEATH
	DISEAS	E OR CONDITION LEADING TO DEA' not mean the mode of	TH		Na	PER PYREXIA		8	HRK
	heart failu	re, asthenia, etc. It mes complication which	ns the discas	e,			***************************************	***************************************	······
		ANTECEDENT CAUS	ES		T	MARRHEA- AC	171515	12	1400
NOI	Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO								
CAT	LINDERLYING CONDITION LAST								
TIF									
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT.						7-14R5			
L C				FINDINGS O	F OPER	ATION			AUTOPSY?
CA	21A ACCIE	DENT WAS UNDER-	21s. PLA	CE OF INJUR	Y (e. g., le	o or 21c. WHERE DID	(If in Baltimore City, g	yES	
(EDI		R CONTRIBUTING [about home,	arm, factory, street,	office bldg.,	injury occur?			
Σ	10. TIME	(Month) (Day) (Year		2 IE. INJURY C	OCCURR		Y OCCUR?		
			m.	WORK L	AT WORK		- /		
	22. I hereb	by certify that I at	tended the	deceased fro	m. /	rred at 7 4 m., from	the causes and on the	that I	last saw the
	294. SIGNA	TURE				3B. ADDRESS	47.0		ATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)							(State)		
Build (Specify) 7/25/1952 SILV autum Cum Holato.							N.		
D.	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	RE Non Lat	11.7	25. FUNERAL DIRECTOR	0	ADDRE	55 322N.
=	VS 150	Tueste	uglow !	Volume	1771	The Kate K.W.	Miamo Si	her	aust
	A2 120		()						



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CERTIFICATE OF DEATH Registered No. 7017

BIRTH NO.									
1. NAME OF DECEASED (Type or Print) 2. DATE. OF TO CL. SOCIETY									
				Dock Becoat		DEATH 7-2	4-1952		
	PLACE OF D				4. USUAL RESIDENCE	Where deceased lived. I			
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE Maryland	B. COUNTY	before admission)		
H	SPITAL OR	Baltimore Cit	ter Uoon	location)	c. CITY OR TOWN (I	f outside corporate Atto	ts write RURAL and give		
114	SITUTION	940 Eastern A	y nosp	Trata	Baltimore	70	township)		
		An Terpoelif F	LVE.	Yrs.	D. STREET ADDRESS (If	rural trivo (cation)			
	an ath of a	ton in Daltin	1:0	Mos.					
-	SEX	tay in Baltimore 6.COLOR OR RACE	7 6116	Days Days	1836 W. Saratoga St. zone 23				
	M	0. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	onths Days Hours Min.		
	· LIGHAL OF			ried	7-7-7	767			
work	day during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?		
-	YZMMG	n			South Caroline	3	WINT COOKING		
13	FATHER'S	VAME L		1	14. MOTHER'S MAIDEN N	AME			
	Phil	lin Ble	MAN		Honkiolta	5			
15	. WAS DECEASE	VER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANTI timor	o Older II	ADDRESS		
(10	(n opuninown)	11 yes, give war or date	s of service)	SECURITY NO.	Records: 4940 Es	re city Hospi	raiss		
	18. 2	3		CALICE		tstern Ave.	INTERVAL BETWEEN		
	2	3 / X		CAUSE	OF DEATH		ONSET AND DEATH		
		E OR CONDITION	ГН	Com	above an accordance A.				
	· (This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. a	(A) CEL	ebro vascular Ac	claent	5days		
	injury or	complication which c	aused death	DUE TO					
		ANTECEDENT CAUS	ES						
Z									
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
A	UNDERLYING CONDITION LAST.								
2	<u>0</u> (c)								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED									
TO THE DISEASE OR CONDITION CAUSING IT.									
L	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
8							YES NO		
ā	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or Injury OCCUR? Contribution Co								
CAUSE OF DEATH									
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?									
F INJURY WHILE AT NOT WHILE									
m. work AT WORK									
22. I hereby certify that I attended the deceased from 7-21, 1952, to 7-21, 1952 that I last saw the									
	deceased alive on 7-24 1952 and that death occurred at 12,200m, from the causes and on the date stated above.								
	23A. SIGNATURE 23B. ADDRESS 4940 Eastern Are., Balto., Md. 7-24-1952								
24	A. BURIAL, C	CREMA- 24B. DATE	00				7-24-1952		
TIC	N REMOVAL (S	ecify)	100	24C. NAME OF CHMETE	RY OR GREMATORY 24D.	OCATION (City, town	n, or county) (State)		
supply 1/20/1862 della malon s. July malon of									
LC	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS 3224								
	JUL 25	1957	1- 111	11: 11:0	min Ket Bow	10:	Selvery 150		
-		Than sarry	000	ALECON AND	1	when			

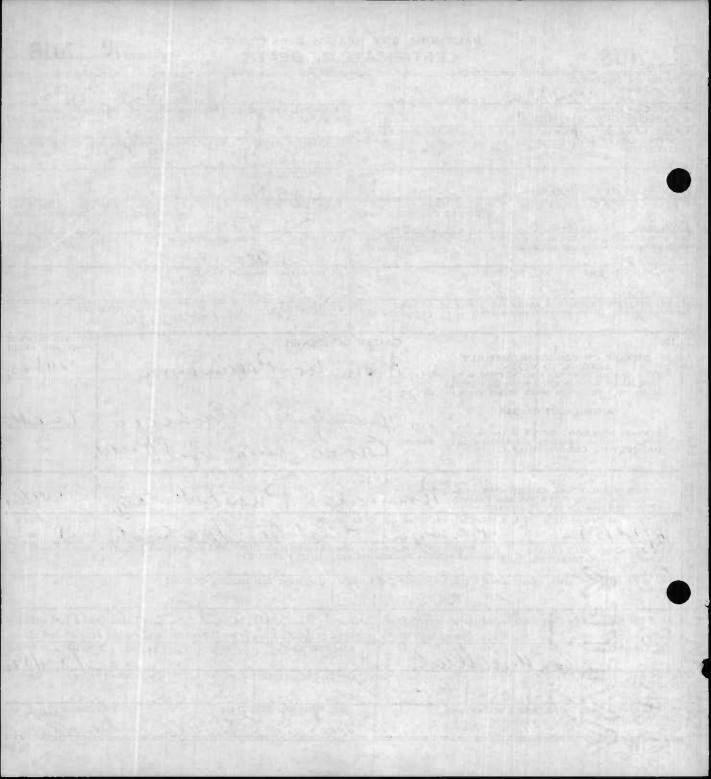


D2 7018

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7018

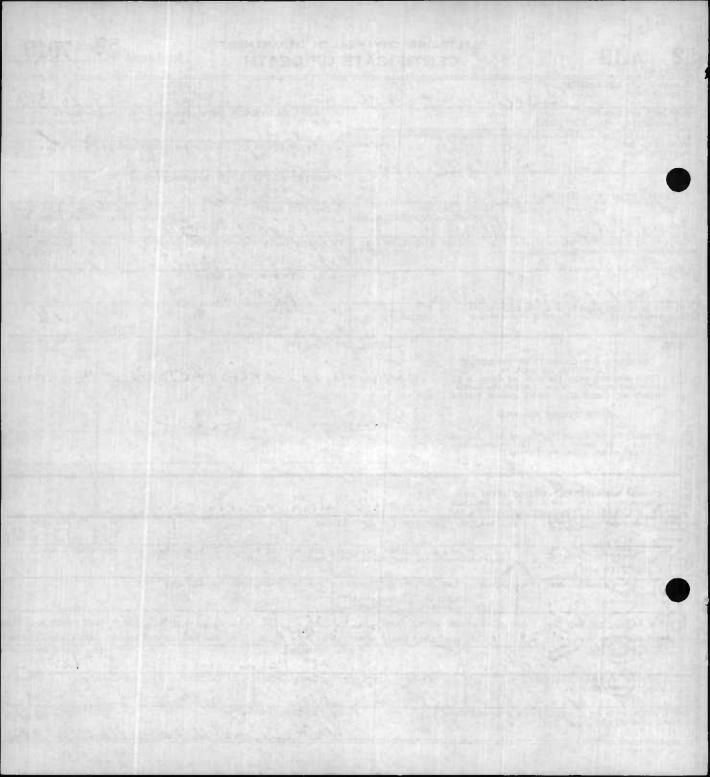
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) When Jumpen	2. DATE OF DEATH J-1 221952						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i stitution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR JOHNS HOPKINS HOSPITAL location)	c. CITY OR TOWN (If outside corporate limit, write RURA, and give township)						
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year In Under 24 Hours Last birthday) Months: Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
work dope during most of working life, even if retired) INDUSTRY	Country?						
That her's NAME Lauran	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no br unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL						
18. / 5 / X CAUSE C	OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Busin	cho. Pulunous a 24 has						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES Severalised Cachexi'a / month							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST. (C) Carenous of Illian ?							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e Prostatectory 3 weeks						
19a, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	Clastatis Henertwest YES NO 1						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, street, office bidg., et	or 21c. WHERE DID (If in Baltimore City, live exact location)						
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Lo	-20, 1952, to 7-22, 1952, that I last saw the						
	red at 1635 Pm., from the causes and on the date stated above. 38. ADRIESS HOPKINS HOSPITAL 23c. DATE SIGNED						
X la U. dellerty M.D.	7/24/52						
24A. BURIAL CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
DATE RECEIVED BY REGISTRAR SISIGNATURE	25. FUNERAL DIRECTOR ADDRESS 32.24						
JUL 25 1952	Ma Katu K. Williams Schrockerse						
V3 130							



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 7019

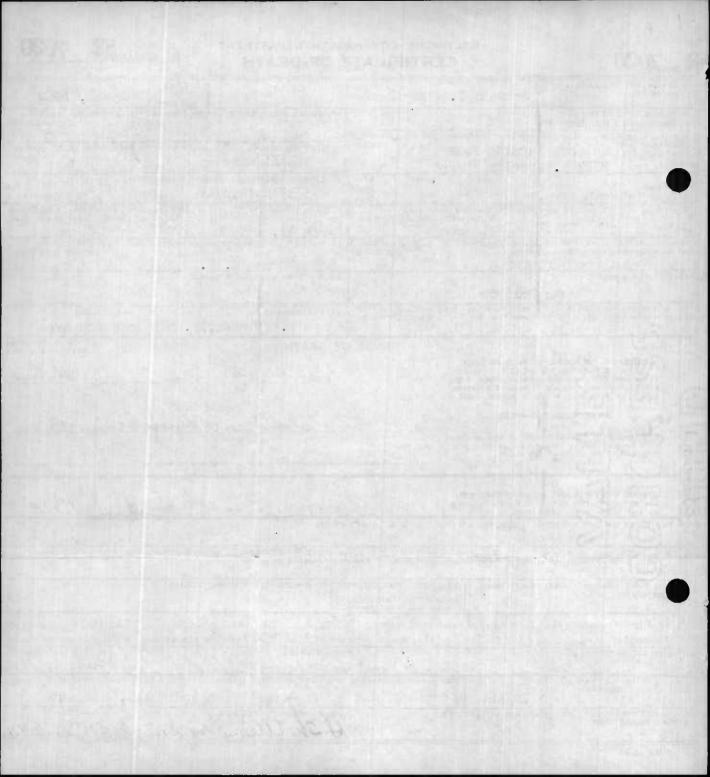
BIRTH NO.	CLITTI	IOAIL OI DL	7111	
1. NAME OF DECEASED (Type or Print)	runa Flo	ZNION	2. DATE OF DEATH	7/24/1959
a. Baltimore City, Maryland		4. USUAL RE	SIDENCE (Where deceased livers B. COUNT	ed. If institution: residence before admission)
B. FULL NAME OF (If not in he HOSPITAL OR INSTITUTION	ospital or institution, give street	address or location) C. CITY OR TO	OWN (If outside corporate	lim ts, write RURAL and give
1212	PONNO. AV	Yrs. D. STREET AL	DDRESS (If rural, give location	township)
c. Length of stay in Baltimor	'e	Yrs. Mos. Days /2/2	- PENNIZ	Ave
5. SEX 6. COLOR OR RA	CE 7. SINGLE. MARRIED.	8. DATE OF B	1RTH 9. AGE (in feat last birthday	mrs If Under 1 Year If Under 24 Hours of Months Days Hours Min.
10A. USUAL OCCUPATION (Give ki	indef 108, KIND OF BUSINES		CE (State or foreign country)	12. CITIZEN OF
work dong during most of working life, even if rot	ared) IN	BQ.	180. Mg.	WHAT COUNTRY?
13. FATHER'S NAME	12//AUSV	14. MOTHER'S	OUT &	
15. WAS DECEASED EVER IN U.S. Al (Yes, no or unknown) (If yes, give war or	RMED FORCES? 16. SOCIAL SECURI	TY NO. 17 INFORMAL	NY 4, 0	ADDRESS 9/8
NO !		Elizar	relp Louis	Interval Between
18. / 59 X	ON DIRECTLY	AUSE OF DEATH	/	ONSET AND DEATH
(This does not mean the mo heart failure, asthenia, etc. It	DEATH ode of dying, e.g., (A)	renewleyed (ercin metos.	s holomo
injury or complication which	ch caused death.) DUE TO		1 0 - 1	1
ANTECEDENT C	(B)	Ascisone 60	t G.I. fre	.
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO			
Z)	(C)			
OTHER SIGNIFICANT CO			1 + 1.	
TO THE DISEASE OR CONDITION		OF OPERATION	of 11. Le.	20. AUTOPSY?
O O				YES NO
21a. ACCIDENT WAS UNDE LYING OR CONTRIBUTION CAUSE OF DEATH	R- 21B. PLACE OF INJUI about home, farm, factory, street			City, give exact location)
ID. TIME (Month) (Day) (No. 1) FINJURY	(Year) (Hour) 21E. INJURY WHILE AT WORK	OCCURRED 21F, HOW	DID INJURY OCCUR?	
22. I hereby certify that I				1922, that I last saw the
deceased alive on	1912. and that dec	th occurred at	.m., from the causes and	on the date stated above.
1	atm. f.	M.D. 1225 P	enn. ave.	7/25/53
JAA. BURIAL, CREMA- JION, REMOVAL (Soccify)	7/1952 9/1V	COM CREMAT	ORY 24D LOCATION City,	town, or county) (State)
DATE RECEIVED BY REGISTE LOCAL REGISTER	RAR'S SIGNATURE	25 FUNERAL	L. PILLAL.	ADDRESS 3 22 1/
VS 150	4	Thou has	U. I. Williams	musicu xx.



BALTIMORE CITY HEALTH DEPARTMENT

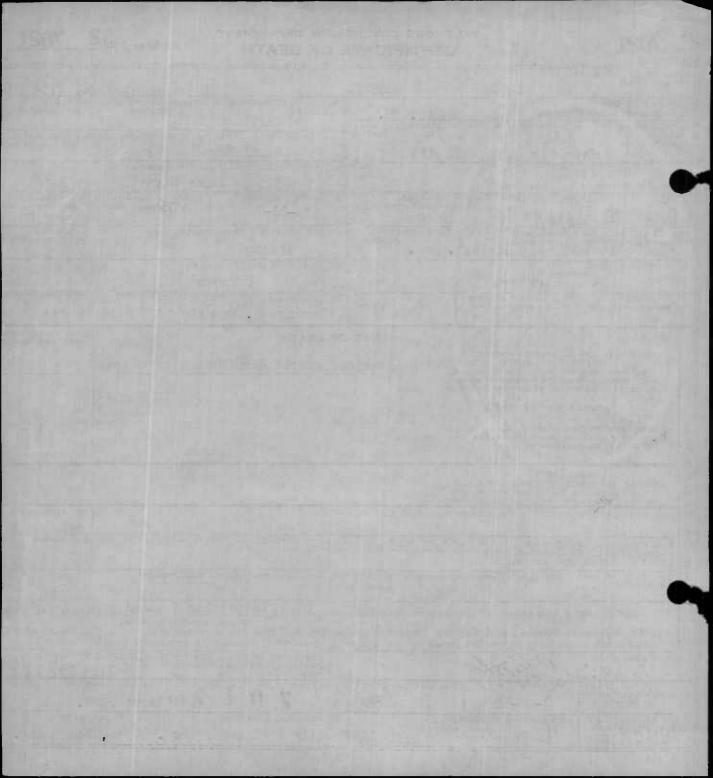
Registered No. 7020

BI	RTH NO.			ERTIFICA	TE OF DEATH	210810101	
1. (T	NAME OF D ype or Print)		seph W.	Belcher		OF Jul	y 24, 1952
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, In B. COUNTY	f institution: residence before admission)
HC	FULL NAME DSPITAL OR STITUTION	Melchor Nurs 2327 N. Char	ing Home	give street address location		outside corporate ini	es, write FURAL and give township)
) 	Kalingan I	res stree	· 9 Yr			
	SEX	tay in Baltimore	7. SINGLE. N	Da	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
Ma	le	White	Widowed	DIVORCED (Spec		last birthday) M	onths Days Hours Min.
10 work	doneduring most of	CUPATION (Give kind of of working life, even if retired) ired Printe	10B. KIND O	BUSINESS OR INDUST	11. BIRTHPLACE (State or for Patterson N.		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
		John Bel			?		
(Yes	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	SECURITY NO	Joseph W. Belcher		ebank Ave
CERTIFICATION	UNDERLYING CONDITION LAST, UNDERLYING CONDITION CONTRIBUTING TO THE OEATH, BUT NOT RELATED						36 km z z
CAL		0	9B. MAJOR FI	NDINGS OF OF			YES NO
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. factory, street, office blo	g., in or 21C. WHERE DID (I Ig.,etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	ID. TIME	Month) (Day) (Year)	WHII	E AT NOT WH	LE	Y OCCUR?	
	22. I hereb	y certify that I att			curred at 4:15 Rm., from t		that I last saw the
	23A. SIGNA		2 3/201		23B. ADDRESS	e canons and on	3c. DATE SIGNED
710	BURIAL, CON, REMOVAL (S	pecify) 24B. DATE	240	. NAME OF CEME	the Highlands High	OCATION (City, town	
	ATE RECEIVE	RAR Thurts	S SIGNATURE		25. FUNERAL DIRECTOR	Englose	ADDRESS
=	VS 150		-0		10 Tr. Orcetts	4 100.00	o / court



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2 7021

1	BIRTH NO.			CERTIFICATI	OF BEATH				
	I. NAME OF D	ECEASED				2. DATE			
	Type or Print)	JA	MES	GOODWIN		DEATH Ju	ly 24, 1952		
	B. PLACE OF D			25.3	4. USUAL RESIDENCE (Y	Vhere deceased lived. I B. COUNTY	If institution: residence before admission		
	A. Baltimore (City, Maryland	al or institut	Bal to Md.	A. STATE Maryland	B. COUNTY	Der de de de la		
11 1	HOSPITAL OR	OF (II not in nospin		location)		outside corporate lin	its write RURAL and giv		
	NSTITUTION	Franklin So	ulare H	osnital	Baltimore		township		
		1100000000	0.002 6. 22	Yrs.	D. STREET ADDRESS (If	rural, give location)			
K	ength of s	tay in Baltimore		7 Moa.	315 S. Br	uce Street			
	5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 House		
			WIDOW	VED DIVORCED (Specify) Widowed	11-11-76	last Thathday)	Months Days Hours Min		
-	Male	White CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	1 12. CITIZEN OF		
		of working life, even if retired)		INDUSTRY		oreign country)	WHAT COUNTRY USA		
111-			ruri	n. Bus.	Ireland		USA		
	13. FATHER'S				14. MOTHER'S MAIDEN N				
		Unkno	wn		Unkno	wn			
0	15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
11	ton, 20 or duadowa)	(11 July B110 Har of dates	5 01 401 1100)	SECORITY NO.	Florence E. Goo	dwin 2723 Fa	ait Avenue		
	1.0 ./	,		CAUCE	OF DEATH		INTERVAL BETWEE		
	18. 4	201			OF DEATH		ONSET AND DEAT		
	DISEA	SE OR CONDITION LEADING TO DEA			osclerotic cardiovascular disease				
	(This doe	s not mean the mode oure, asthenia, etc. It mea	of dying, e.	g., (A) AI CELIC	Beleicole carato				
	injury or	complication which	aused deatl	h.) OUE TO					
		ANTECEDENT CAUS	SES						
1				(B)	••••••	*******************************			
16	DISEASE RISE TO 1	S OR CONDITIONS, I							
	UNDERL	YING CONDITION LA		(C)					
1									
MOITACIETO	OTHER	II BIGNIFICANT CONDI	TIONS CO.	N -					
	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED					
110	The real Property lies and the least of the	OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?		
1	I ISA. DATE	DF OPERATION 1	SB. MAJOR	FINDINGS OF CILI	ATTOK		YES NO		
1	EVER	NAL CAUSE WAS	1 218 PL	ACE OF INJURY (e.g., i	or 21c. WHERE DID	If in Baltimore City.	give exact location)		
118	UNDERLYIN	NAL CAUSE WAS		farm, factory, street, office bldg.,					
		CAUSE OF DEATH.							
	210. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F, HOW DID INJUR	Y OCCUR?			
Ϊ.			m.	WORK AT WORK	_1				
1	22. I ecrti	fy that I took char	ge of the	remains described of	bove, held an Inspect	ion & Inqui	Ty thereon and from		
	1				Autopsy, inquiry, find that said d	Inspection or Inquir	y		
	and de	rath in my opinion	resulted	from: natural cause	s , accident , suicide	. homicide	undetermined .		
	23A. SIGNA		7				23c. DATE SIGNED		
	11/	Oliver 1 Like	THE THE	M	.D. MEDICAL INVESTIGAT	EXAMINER	July 25, 1952		
	24A. BURHAL.	CREMA- 244 PATE	70	24c. NAME OF CEMETE		OCATION (City, tow			
1	rion, REMOYAL (S	specify)	52	. 5 Woodla	m 0 7 0	Baltimore	. Nd.		
-	DATE RECEIVE				25. FUNERAL DIRECTOR	Dar or more	ADDRESS		
	LOCAL REGIST	RAR 1	1-	17711	Lilly & Zeiler	Tno 1.03			
	JUL 25	19521 1 miles	uglon	Vellacus, My	TITIN & Deliei.	, 110 . 403	o. HOTTE DEL		
	V S 151		0						

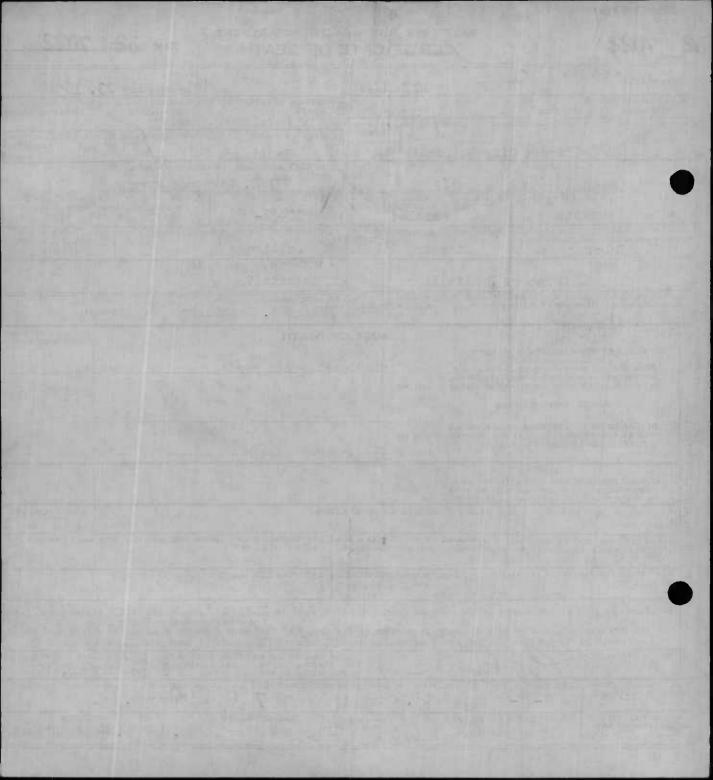


3 5 4 7022

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 2No. 7022

Dittill No.							
1. NAME OF (Type or Print)		BERT	RITMILLER		2. DATE OF DEATH JULY	23. 19	52
	City, Maryland		Baltimore	4. USUAL RESIDENCE (V		institution:	residence re admission)
B. FULL NAME HOSPITAL OR	E OF ('f not in hospit	al or institut	tion, give street address or location)	Maryland (I	outside corporate limi	Tunia DIII	DAI and sive
INSTITUTION	Baltimore C	its Ho.	snitals	Baltimore	outside corporate min		township)
	Dan Ormore	70) 110	Yrs.	D. STREET ADDRESS (If	rural, give location)		
ength of	stay in Baltimore		Life Mos. Days	731 S. Lak	ewood Avenue		
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		H Huder 1 Year	If Under 24 Hours
male	white		married	10-21-85	00	onthis Days	Hours Win.
ork done during mos	CCUPATION (Give kind of tof working life, even if retired) aborer		of Business or INDUSTRY andard Oil	11. BIRTHPLACE (State or for Baltimore	oreign country)	12. CITIZI WHAT	COUNTRY
13. FATHER'S	NAME		37 7 000	14. MOTHER'S MAIDEN N.	AME		
	Rober	t B Rit	miller	Augusta?			
15. WAS DECEAS	SED EVER IN U. S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Edward E. Retmi		DDRESS	
DISEASI RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA	EES F ANY, GIVING THE STATING THE ST.	(B) NG HE DUE TO (C)				
TRIBUTIN	IG TO THE DEATH, BUT	NOT RELATE	ED	•••••••••••••••••••••••••••••••			*******************************
U 19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. A	UTOPSY7
UNDERLYI	RNAL CAUSE WAS NG [] OR CONTRIB- CAUSE OF DEATH.	218. PLA about bome,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, 1	give exact lo	ocation)
21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?		
22. I cert	ify that I took char			bovc, held an inspect	ion & inquir	Y thercon	and from
the er	vidence obtained by	said Auto	psu. Inspection or I	Autopsy, nquiry, find that said do [X] accident [], suicide	Inspection or Inquiry eccased died on th	e day sta	ated above.
23A. SIGNA		Fish	20	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER 71 23	uly 24,	IGNED
24A. BURIAL. TION, REMOVAL (BUT)	Specify) 7-28-		Mt. Carmel	RY OR CREMATORY 24D. L	Baltimorev,	Md.	(State)
DATE RECEIVE	TRAR	signatu	INTEL.	25. FUNERAL DIRECTOR July & Zeiler,	Inc. 403 S.	Wolfe	
V S 151		U	0-	111			. /

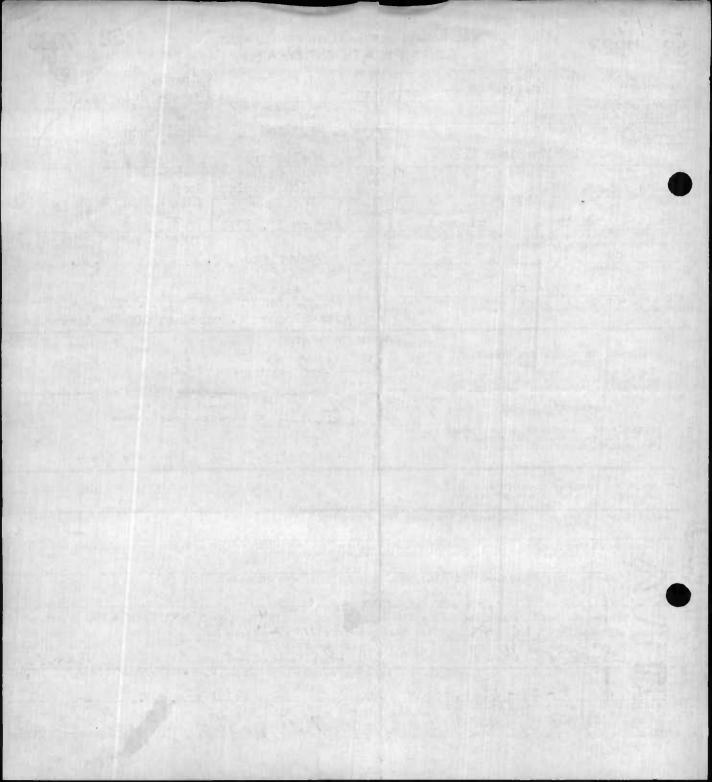


2 45 52 7023

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

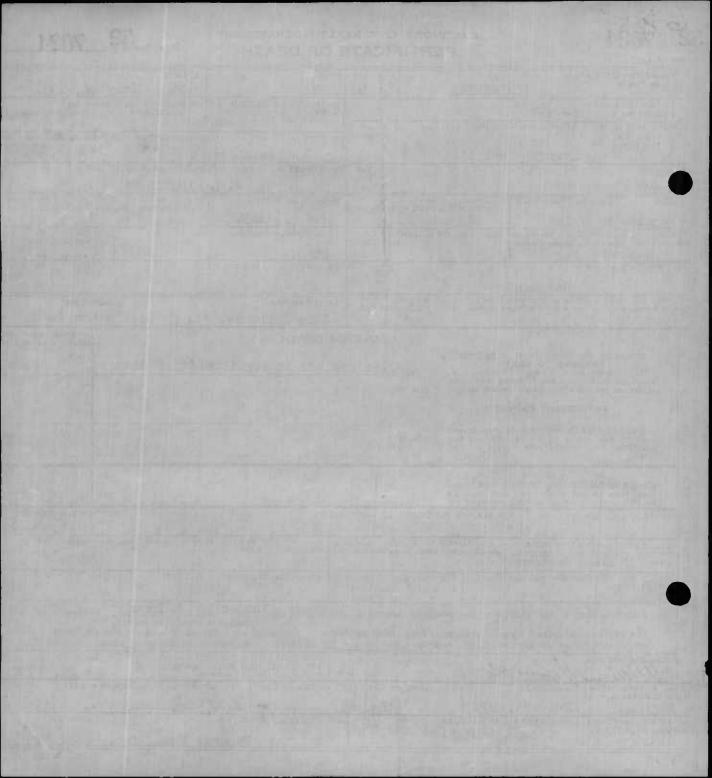
Segistered No. 7023

В	RTH NO.						
1. (T	NAME OF D 'ype or Print)	ECEASED Nel:	lie Sh	aw Musselman		2. DATE OF DEATH Jul	y 24, 1952
A.		City, Maryland			4. USUAL RESIDEN	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location)	Maryland c. CITY OR TOWN Baltimore		hits, write R RAL and give township)
	ength of s	tay in Baltimore		50 Yrs. Mos. Days	D. STREET ADDRES	ss (If rural, give location)	
	SEX emale	6.COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	CIPI	If Under 1 Year H Under 24 Hours Min.
1C worl	k done during most o	CUPATION (Give kind of of working life, even if retired) ONE		OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	James Shav	7	LA LETTE	14. MOTHER'S MAIN	DEN NAME	1000
15 (Ye	. WAS DECEASE e, no or unknowo)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	S.Musselman 100	ADDRESS Woodlawn Road
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				elrol le	atemole	÷
	19A. DATE O	F OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, i	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DII		, give exact location)
ľ	21b. TIME (Month) (Day) (Year)	` '	21E. INJURY OCCURRI	21F. HOW DID	INJURY OCCUR?	
	22. I hereby deceased al 23A. SIGNAT		cnded the , 1952	and that death occur	, 19 46 , red at 1105 Am., j	to Jef 24, 193 from the causes and on	52, that I last saw the the date stated above.
DA	AA. BURIAL CON, REMOVAL (S Burial ATE RECEIVED	7 - 26	52	Loudon Park	RY OR CREMATORY	Baltimore, Md.	ADDRESS
_	VS 150	1952 Hank	-	Williams -, May	ome V. Mite	hell &mo me. 1	900 Culaw VI.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7024

В	IRTH NO.			CERTIFICATI	L OF DEATH	***************************************	
1.	NAME OF D					2. DATE OF Too	DATE OF STREET
			THERINA	A BAR	RANCO	DEATH JU	ly 24, 1952
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived. B. COUNTY	lf institution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or			Maryla		201	
	HOSPITAL OR location) NSTITUTION			location)	c. CITY OR TOWN	(If outside corporate lim	nits write LUAL and give township)
	. 4	University	Hospita	<u> </u>	Baltin		
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	ength of s	tay in Baltimore		Days		. Lexington St	
5	. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Months: Days Hours Min.
	Female	White	Wide		May 21, 1857	95	
		CUPATION (Give kind of a f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Non				Italy		U. S. A.
13	B. FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	
		Unknown			Unknown		
	5. WAS DECEASE	D EVER IN U. S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(10	s, no or unknown)	(11 year, give war or direct	s 01 801 VICC)	None	John Barranco	o, 811 N. Coll	ington Avenue
	18. H	221		CALISE	OF DEATH		INTERVAL BETWEEN
ERTIFICATION	DISEASE RISE TO T UNDERL' OTHER S TRIBUTING	LEADING TO DEA: s not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION	of dying, e. s. ins the diseas caused death SES F ANY, GIVIN STATING THAT. ITIONS CONNOT RELATE CAUSING 1	(B)		ovascular dis	
7	19A. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		YES NO X
EDICA	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, f	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	n ar 21c. WHERE DID injury occur?	(If in Baltimore City	, give exact location)
Σ	OF INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT WORK AT WORK	1		
-	24A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) Burial July 25, 1952 New Cathedra				Inquiry, find that sails Inquiry, find that sails Inquiry, find that sails Inquiry, suits Inquir	psy, inspection or inquired deceased dicd on ride , homicide , homicide , all EXAMINER	ythe day stated above, undetermined □. 23c. DATE SIGNED July 25, 1952
	S 151	1952 Thurs	0	1000000	Schimunek Fur	neral Home, In	c., 2601 F. Madison St.
II '	-5-						



	40
,	70
	7025
	1000

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7025
Registered No.

	NAME OF D		cic H.	Carley			OF Jul	y 23, 1952	
	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	NCE (Where	deceased lived, I	f institution: residence before admission)	
H	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)					
IN	STITUTION	645 W. Fr	ankli	n St.	Baltimore		1 1-	township)	
	4			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
	Length of s	tay in Baltimore		years Days	645 W. Franklin St.				
0.	M	W. COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	Jan. 26, 1		last birthday) M	If Under 1 Year If Under 24 Hours Inc.	
10	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR			11. BIRTHPLACE (SI			12. CITIZEN OF		
WOLL	Accou	ntant	Selt	EMP.	New York			USA USA	
13	FATHER'S				14. MOTHER'S MAI				
1 55		ric E. Carl			Ida Bell	. Smith	1		
(Ye	, no or unknown)	(If you, give war or date	of service)	16. SOCIAL SECURITY NO.	Ada L Carl	AV 645		ADDRESS	
	18. / 4	r, 1 and	T- 012	/ G CAUSE	OF DEATH	.cy ore	11 8 11 04.	INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY	11/				ONSET AND DEATH	
	(This does	LEADING TO DEAT not mean the mode of are, asthenia, etc. It mea	H f dying, e. g	(A)	1100 alenota	C.V a	vene.	Tyens	
	injury or	complication which c	aused death.	DUE TO					
		ANTECEDENT CAUS	ES					11	
FICATION	DISEASE:	S OR CONDITIONS, II	ANY, GIVIN	(B) G E DUE TO	***************************************		*****************************	***************************************	
CAT	UNDERLY	YING CONDITION LA	ST.	(C)	•••••	***************************************			
		П							
ERTI	TRIBUTING	GONIFICANT CONDI	NOT RELATE	o Itea	1 puntati	m ?			
U		F OPERATION 1		FINDINGS OF OPER	ATION			20. AUTOPSY?	
AL		0						YES NO	
MEDICAL		R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			Baltimore City,	give exact location)	
Ĺ	10, TIME FINJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OC	CUR?		
	22. I hereh	y certify that I att		deceased from		fto 11.	194	, that I last saw the	
	deceased a	live on H-1	, 1917	and that death occur	red at 4 A m.,	from the e	auses and on	the date stated above.	
	23A. SIGNA	J. Nelsr	n Car	ey M.O. 2	3B. ADDRESS	S+Pa	al Sr	7. 24,52	
24 TIC	A. BURIAL,	CREMA- 24B. DATE Specify)	2	24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCA	TION (City, town	n, or county) (State)	
_	Buria					Reltin	ore		
	TE RECEIVE		1- 11	Higung As	Charles R	the Sal		ADDRESS	
	VS 150	A. C.		0 0 06	2/	Eyan	S & Son	n	
I	/	X-481X		0 0 0	1 /18 W.	MI	KOYAL	Hue	

Dr. Carey 1014 St. Paul St.

BALTIMORE CITY HEALTH DEPARTMENT

52 7026 Registered No.

BIF	RTH NO.		CERTIFICAT	L OI DEATH			
	NAME OF DECEASED pe or Print)	JOHN M	SEGLINSKI Sr	•	2. DATE OF DEATH 7/	22/52	
	PLACE OF DEATH: Baltimore City, Mar	yland		4. USUAL RESIDENCE	(Where deceased lived, I	f institution : residence before admission)	
B. F			tution, give street address or location)	C. CITY OR TOWN	(If outside corporate limi	ts write HURAL and give	
1		alto Gene		Baltimore	1-	township)	
C.	Length of stay in Ba	ltimore L	Yrs. Mos. Days	o. street address (2620 Hudson			
	M 6.COLOR	OR RACE 7. SIN	GLE, MARRIED.	oct 14 1889	9. AGE (In years 6 3 st birthday) M	if Under 1 Year on the Days Hours Min.	
10A work	Laborer	(Give kind of 10B. K even if retired)	INDUSTRY	t Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13.	Joseph Seg	linski		14. MOTHER'S MAIDEN Katherine	Lubinski		
15. (Yes,	WAS DECEASED EVER IN no or uokoowo) (If yes, gi	U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT Stella Segl	inski 2620	Hudson St.	
CERTIFICATION	(This does not mean heart failure, asthenia injury or complication	etc. It means the dispose which caused do ENT CAUSES DITIONS, IF ANY, GO CAUSE (A) STATING DITION LAST.	VING (B) (C) (C) (C) (C)	velue Jail Puluny C	lece . fleoling	Risa	
	19A. DATE OF OPERAT		OR FINDINGS OF OPER	RATION	é.	20. AUTOPSY?	
EDICAL	21A. ACCIDENT WAS LYING OR CONTRIE CAUSE OF DEATH		PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.,	o or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)	
Σ	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereby certify deceased dive on 12		and that death occu	rred at / Pm., from		that I last saw the the date stated above.	
	Muleu	1 Januar	ele M.D.	2711 Car	led level.	7/24/52	
TIO	A. BERIAL CREMA- N, REMOVAL (Specify)	1/28/52 G	St. Stanisl		LOCATION (City, town		
	CAL REGISTRAR	GISTRAR'S SIGN	ATURE MAN		vans & Son	ADDRESS	
	VS 150		Villanus, Mys	118 W. Mt. Ro	oyal Ave.		

Melvin Jaworski 2711 Eastern Ave.

DEDUCATED THE THE PERSONNER

CERTIFICATE OF DEATH

Registered No. 7027

ВІ	RTH NO.			OLIVIII TOAT	E OF BEATTI				
1. (T	NAME OF D	Catherine .	Agnes	Devall		2. DATE OF DEATH	July	23,	1952
Α.		DEATH: City, Maryland			4. USUAL RESIDENCE				: residence fre admission
H	FULL NAME OSPITAL OR STITUTION	of (If not in hospit		ion, give street address o location	c. CITY OR TOWN	(If outside corpo	at limite	yrile Ku	RAL and give township
)	tou in Doltinoon	T.i f	Yrs. Mos.	Baltimore D. STREET ADDRESS (1102 Eutaw	If rural, give loca	ation)		
	SEX F	6. COLOR OR RACE	7 SINGLE	Days , MARRIED. Days One of the control of the c	LA DATE OF BIRTH	9. AGE (In		nder I Year ths Days	If Under 24 Hours Hours Min.
10 worl	A. USUAL OC done during most Housel	CCUPATION (Give kied of of working life, even if retired)	10s. KIND	of Business or home INDUSTR	11. BIRTHPLACE (State or) 1	USA	EN OF T COUNTRY
13	. FATHER'S	John Deva	11		14. MOTHER'S MAIDEN Anna M. War				
15 (Ye	, was DECEAS , no or unkoown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	WM. Devall 1	102 Eut		DRESS	
ERTIFICATION	(This does heart failu Injury or DISEASE: RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II GIGNIFICANT CONDITION TO THE DEATH, BUT	I'H f dying, e. g f dying, e. g sthe diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	ntervolleri nipheral Sc angrene of	terois		3	years years 4 ms.
AL C		OF OPERATION 1		FINDINGS OF OPE	RATION	***************************************		20. A	AUTOPSY?
EDICA	21A. ACCIE LYING OF	DENT WAS UNDER CONTRIBUTING DEATH	218. PLA about home,	CE OF INJURY (e. s., arm, factory, street, office blds	in or 21c. WHERE DID (netc.) INJURY OCCUR?	(If in Baltimor	re City, gi	ve exact	location)
Σ	ID. TIME	(Month) (Day) (Year)		2 1E. INJURY OCCURI		RY OCCUR?			
	22. I hereb deceased a 23A. SIGNA		-	deceased from 7	cl 19 5019 , to	July 23 whe druses a		e date st	last saw the tated above
TIC	ia. BURIAL, DN. REMOVAL (S BURI ATE RECEIVE	al 3-26-52	3	M. D. 24c. NAME OF CEMET New Cath	edral Ba	LOCATION (Ci altimore)	or county)	
	III 95	1952 Huntin	ston V	Illiams . Mis.	Charles F.	Evans & Royal Av			

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CATHERINE PAULINE BURGAN 7-21-52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit: write RURA INSTITUTION 653 Gutman Avenue Baltimore Vre D. STREET ADDRESS (If rural, give location) Mos. 653 Gutman Avenue Length of stay in Baltimore Davs 5. SEX 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OF RACE 7. SINGLE, MARRIED. last birthday) Months Days Hours Min. O Hoder I Year If Under 24 Hours WIDOWED DIVORCED (Specify) Female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Krause Pauline Ackerman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Miss L. Burgan 653 Gutman Ave. INTERVAL BETWEEN CAUSE OF DEATH 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS EDIC 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT . 1957 that I last saw the 1947 to 22. I hereby certify that I attended the deceased from. 2. 1952, and that death occurred at 2-40 Qm., from the duses and on the date stated above. deceased alive on 7/20 23% SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Burial DATE RECEIVED BY 25. FUNERAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

GREENMOUNT AVE & 2204 ST

Hor Opendan Med.

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52	ישרטסם
UN	- 1 UGU
BIRTH NO.	

CERTIFICATE OF DEATH Registered No. 7029 BALTIMORE CITY HEALTH DEPARTMENT

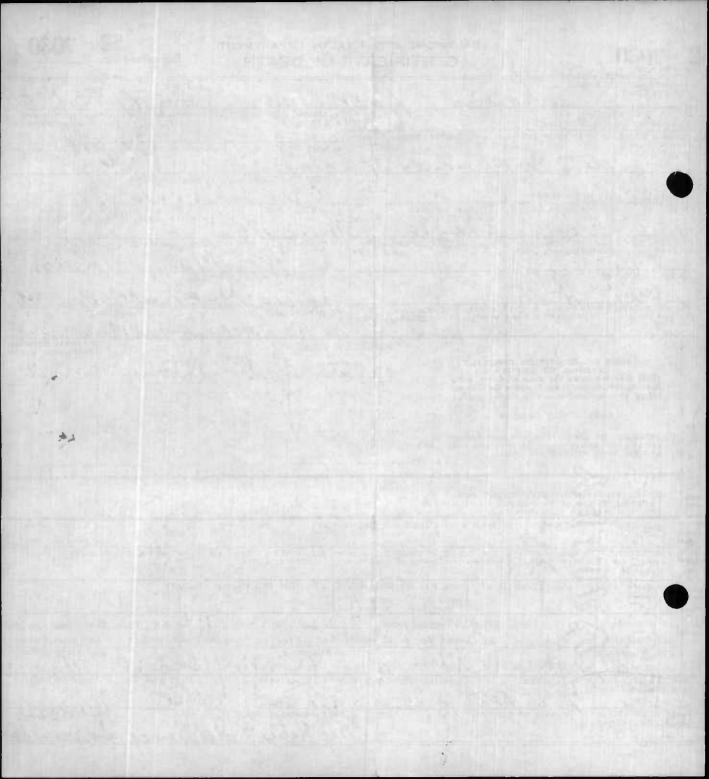
В	BIRTH NO.								
	NAME OF DEGEASED ype or Print)	I. WILLKISD		OF DEATH Jul	423,1952				
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		nstitution : residence before admission)				
H	FULL NAME OF (If not in hospit	al or institution, give street address or location)	12011		write RUR: L and give township)				
3		Yrs.	D. STREET ADDRESS (If a						
	ength of stay in Baltimore	Ulluour Mos. Days	452 2. 22	no St.					
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	Under 1 Year H Under 24 Hours this Days Hours Min.				
1 C	A. USUAL OCCUPATION (Give kied of a done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?				
13	FATHER'S NAME	German	14 MOTHER'S MAIDEN NA	AME					
	HENRY WINKIE	R	(ANUGRINE	MUERS					
15	. WAS DECEASED EVER IN U. S. ARMEI		17. INFORMANT	1 JANS	DRESS				
(10	(11 yes, give war or date	SECURITY NO.	MAS IBENE W						
	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It means	TH of dying, e. g., ons the disease,			INTERVAL BETWEEN ONSET AND DEATH				
	ANTECEDENT CAUSES + 4 pertensive heart								
CATION	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	diseas	0					
CERTIFI	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	I stroke	٠					
	19a. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?				
1EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTION CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e	2 OF 21C. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, g	ive exact location)				
Σ	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?					
K	INJURY	m. WHILE AT NOT WHILE							
	22. I hereby certify that I att	tended the deceased from Ju	ly 23 , 19/2/to J	uly 23, 195°	that I last saw the				
		, 19 5 2 and that death occur	red at 8:41 P.m., from th	ie eauses and on th	e date stated above.				
	234. SIGNATURE Que Sur SUZ	Torrell M.D.	3B. ADDRESS	osp.	7/23/52				
2. TI	AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETER	RA L -	OCATION (City, town,	or county) (State)				
D	CAL DECICEDING	o signature Villauis, M.	25. FUNERAD DIRECTOR	lelel sx	ADDRESS ION				
	VS 150 N - 981.3	7546	M Gregm	round of	22 nelle				

NOT A MEDICAL EXAMINER'S CASE

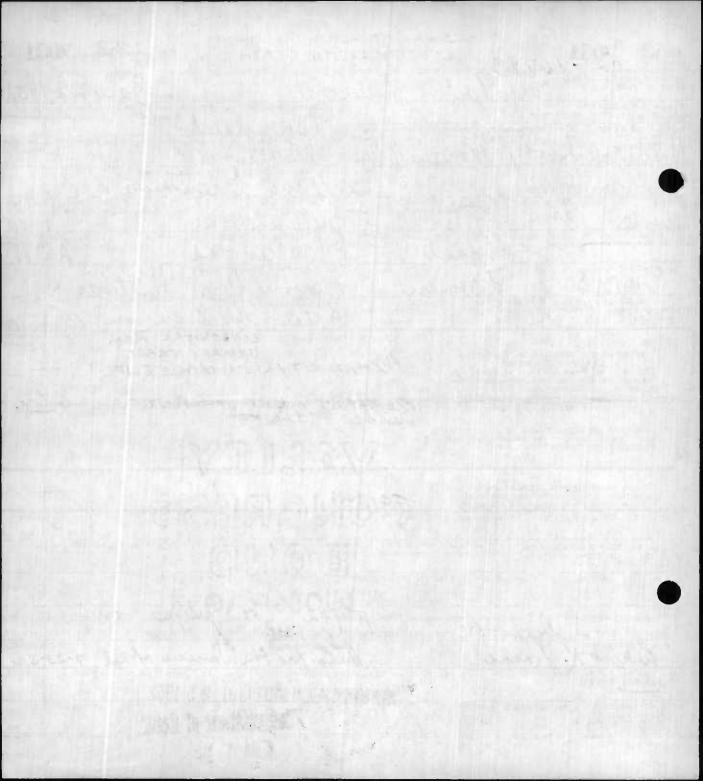
William Sport M.D.

CHIEF OR ASS'T MEDICAL EXAMINER

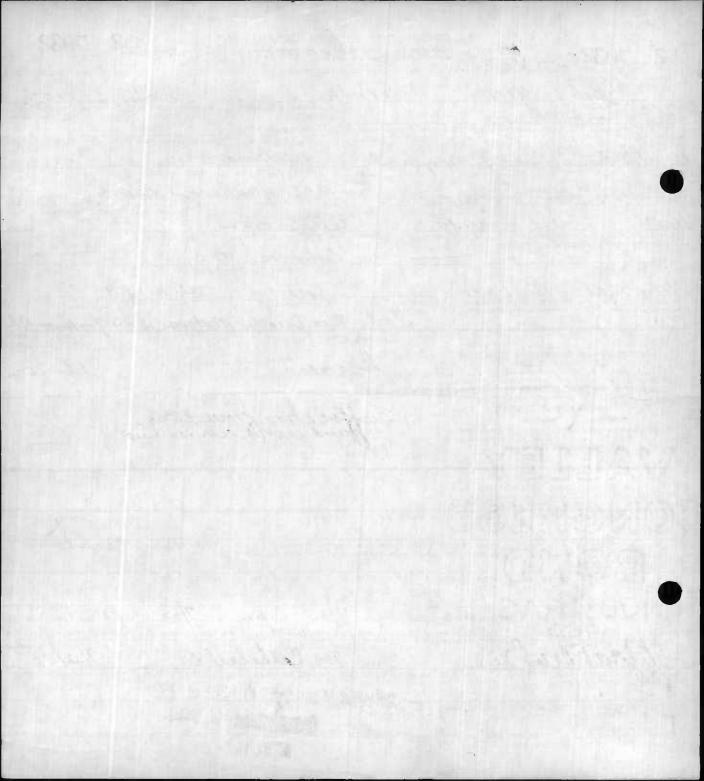
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX If Under I fear 7. SINGLE, MARRIED 6. COLOR OR RACE DATE 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 16A. USUAL OCCUPATION (Give kind of 10 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY ni 66 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or whitnown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE 1.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 19 to. 22. I hereby certify that I attended the deceased from . 195 2that I last saw the deceased alive on Land that death occurred at. _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or eounty MON, REMOVAL (Specify) BEGISTBAR'S SIGNATOR DATE RECEIVED BY VS 150



BALTIMORE CITY HEALTH DEPARTMENT	Maria Carl
BIRTH NO. 7231 /6793 CERTIFICATE OF DEATH Registered No.	7031
1. NAME OF DECEASED Bay Girl Larsen 2. DATE OF DEATH WILLY	22 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	ution: residence before admission)
BAJULL NAME OF (If not in hospital or institution, give street address or location) C. CIT OR TOWN (If outside corporate limits, wri	te RIIRAI and give
Jestilal fr The 1 men 1 ha 1 Jallo- 6. 26-	() township)
Ingth of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 4305 Lemmore A	υ
5) SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B DATE OF BIRTH 9. AGE (In years last birthday) Months:	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME	NOH.
Vouck & Larsen Mayorie ann Wiltha	nk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, to grant power) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT Thus Enrich Pauseu	4315
CAUSE OF BEATH CONTROL TENDO.	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PREMATURE ONSET OF SPONT.	6 Km
10000 37.0145	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
CONDERETING CONDITION LAST.	
(6)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	20. AUTOPSY7
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? INJURY OCCUR?	YES NO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. TIME (Month) (Day) (Year) (Hour) 21B. INJURY OCCUR?	YES NO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give end of the plant of th	ves No exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. TIME (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e.g., in or language) 21C. WHERE DID (If in Baltimore City, give entry of the contribution of the co	exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. TIME (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give e about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Myork 22. I hereby certify that I attended the deceased from Myork 22. I hereby certify that I attended the deceased from Myork 23. In from the causes and on the day 24. Accident was under the deceased from Myork 25. I hereby certify that I attended the deceased from Myork 26. In from the causes and on the day 27. Accident was under the day 28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 29. The place of the place	exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. TIME (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e. g., in or Injury occur? 21C. WHERE DID (If in Baltimore City, give end injury occur? 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY 22. I hereby certify that I attended the deceased from My 22, 1952 to My 24, how on the day of the deceased alive on My 22, 1952, and that death occurred at 33 mm, from the causes and on the day of the deceased alive on My 23, 1952 to My 24, how on the day of the deceased alive on My 24, 1952 to My 24, how on the day of the deceased alive on My 24, 1952 to My 24, how on the day of the deceased alive on My 24, 1952 to My 24, how on the day of the deceased alive on My 24, how of the deceased from My 34, how of	at I last saw the ate stated above.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) 21A. TIME (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21C. WHERE DID (If in Baltimore City, give e about home, farm, factory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (M	at I last saw the ate stated above.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 10D	at I last saw the ate stated above.



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BALTIMORE CITY HEA	ALTH DEPARTMENT EQ MOQQ
BIRTH NO. 703252-166 35 CERTIFICATE	7
1. NAME OF DECEASED	2. DATE
(Type or Print) Baby Girl. MATAN	A. OF DEATH July 22.1902
	4. USUAL RESIDENCE (Where deceased lived if institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	maryland.
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Massital for Women & Maryland.	D. STREET ADDRESS (If rural, give location)
moth of ctow in Deltinous	D. STREET ADDRESS (II rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	4/422.1952 136
work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Saltimore, Md.
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME
Michael MATAUA	Dorothy W. Ard A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANY ADDRESS
No. NONE Y	Mrs. Durothy MATANA. 1303 Genthern RL
18. 76/.0 CAUSE OF	F DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	olia /hr. 36 mi
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES - 30	
Z (8) Duffe	reatroufrom cord
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) (B) (C) (D) (D) (D) (D) (D) (E)	ud we the True Knot of
ONDERLYING CONDITION EAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERA	TION 20. TOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in o	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 7	/22 , 1957, to //22 , 1957, that I last saw th
	ed at 10:50 P.m., from the causes and on the date stated above
	B. ADDRESS 23C/DATE SIGNED
Mezabelh Actor U. 1). M.D.	100 Calberral St. 1/22/52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 24C. NAME OF CEMETERY	
NOTA THOSE THE PARTY OF THE PAR	MEDICAL SCHOOL OF UIS 2 60 1952
DATE RECEIVED BY REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS
111 25 1052 1 4 6 11/11 1 152	Printer or want.
VS 150 100 1 unlingfor Vallation	CONTRACTOR OF THE PARTY OF THE
	P. 15 15 15



BALTIMORE CITY HEALTH DEPARTMENT

52	פפחמו
Registered No.	7033
negistered No	

DE	BIRTH NO.	ALE OF DEATH
1	1. NAME OF DECEASED	2. DATE
-	(Type or Print) immie Lee Preston Nea Bool	OF July-22-1952
3	3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
	A. Baltimore City, Marylangalto. City B. FULL NAME OF (If not in hospital or institution, give street addr.	The state of the s
F		tion) c. CITY OR TOWN (If outside corporate limits, write RURAL and give
1	- Boardians Coladian Consent	Baltimore township)
		Yrs. D. STREET ADDRESS (If rural, give location)
		Mos. 804 North Wolfe Street
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S)	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours
F	Temale Col. Married	July-22-1899 last birthday) Months Days Hours Min.
1	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
1	ork done during most of working life, even if retired) Housewife At Home	Georgia U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frank Preston	IIm It arms
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Unkown 17. Informant Address
(x	Yes, no or unknown) (11 Yes, give war or dates of service) SECURITY N	10.
-	118. /// CALL	Ardella Brwon804 N. Wolfe St
	MYVX	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
1	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	perlensive carain - sev. yes
	injury or complication which caused death.) DUE TO	1 RUNGI DISCUSE
	ANTECEDENT CAUSES	
z		(cardine failure)
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A	UNDERLYING CONDITION LAST.	
FRTIFICATION) The Representation of the second of the se	
F	OTHER CICKERS OF COMPLETIONS	
H	OTHER SIGNIFICANT CONDITIONS CON-	
C		
1		
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
Q	LYING OR CONTRIBUTING about home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?
Z	E	
	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	
	m. WHILE AT NOT WORK AT W	WHILE ,
	22. I hereby certify that I attended the deccased from_	7/1 ,1957-to 7/22 ,1957-that I last saw the
	deceased alive on 7/19 195 2 and Ahat death	occurred at 1/-30 A, from the causes and on the date stated above.
	Ac. elevation	
_	DASA. SIGNATURE 1500 EAST.	WNE. M 7-24.
7 T	24A. BURIAL, CREMA- 24B. DATE 24C. NAME FIRE TION, REMOVAL (Specify)	METER CREMATORY 24d. LOCATION (City, town, or county) (State)
	Burial 7/26/1952 Mt Calvery	Cem. Brooklyn Md.
I	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
'	LOCAL REGISTRAR	Elion Wilson 1 Ho Beauty and
=	Ve 150	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7034

B	IRTH NO.	-X		CLIVIII ICAI	L OI DEATH		
1.	NAME OF D	ECEASED				2. DATE	
(1	Type or Print)	Colonel	J. Smi	t.h		DEATH July	27_1952
3	PLACE OF D	FATH.			4. USUAL RESIDENCE		
A. Baltimore City, Maryland Balto. City					A. STATE	B. COUNTY	before admission)
В.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland		0 011
	ISTITUTION	,		TOCALION)			ts, write RURAR and give township)
ß.	111	18 Etting S	treet		Ba.	ltimore /	(township)
ľ				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
C.	Length of s	tay in Baltimore	50 Yrs	Mos. Days	1118 Etting S	itreet	
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
R.	7.	007	200 4 10	ED, DIVORCED (Specify)		last birthday) Mo	onths Days Hours Min.
	ile	CUPATION (Give kind of	Wid	owed	April-12-1871	1 81	
wor	k done during most	of working life, even if retired)	IOB. KINL	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	ioreign country)	12. CITIZEN OF WHAT COUNTRY?
	Vaiter		Publi	.c	Virginia		U.S.A.
13	B. FATHER'S 1	NAME			14. MOTHER'S MAIDEN !	NAME	
	Alfant	E. Smith			Wo 3.7	Cond 4h	
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	MOILY 17. INFORMANT	Smith	
-		(If yes, give war or date	s of service)	SECURITY NO.			DDRESS
1	0				Malinda Smith	1118 Etting	g St
	18. 1/2	2.2.		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY				ORSET AND DEATH
	(This does	not mean the mode of	FH of dving, e.g	(A) TON	to cardini		2 2 2 125
	heart failu	re, asthenia, etc. It mea	ns the disease	е,		***************************************	********
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUSES Urania					
Z	DISTASE	S OR CONDITIONS, I		(B)	U12214	010044022144412201000400200000000000000	217
2	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	c 1.		
CATION	UNDERLY	ING CONDITION LA	ST.	(C)	Szn: lity		FINA
10				(0)			
ERTIFI		11					
ď		IGNIFICANT CONDI					
CE	TO THE D	ISEASE OR CONDITION	CAUSING I	Г.			
1	19A. DATE C	F OPERATION I	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
4	STREET, CO	0					YES NO
EDICA		ENT WAS UNDER	218. PLA	CE OF INJURY (e.g., i	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
出	CAUSE OF	R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg.,	NJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	PV OCCUP?	
K	INJURY	(Day) (Zear)		WHILE AT NOT WHILE	The state of the s	(1 OCCOR!	
			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from 7	12 1952 to	7/22 195	that I last saw the
	deceased a	4007			red at & Pm., from		
	23A, SIGNA		, 20-		38. ADDRESS		23c. DATE SIGNED
	0. 2	musi 1	ر مد دم	4 M. D.	1100 Duid &	till Gere	7/24/52
2	4A. BURIAL,	CREMA- 248, DATE	1)	24c. NAME OF CEMETE		LOCATION (City, town,	or county) (State)
TI	ON, REMOVAL (S	Specify)					(2000)
	urial	1/29/19	52	Mt Arburn C		altimore Md.	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS						
	JULZ	5 1932-1- 4	too	Villiama ME	Chry Will	an Ivor	sumy up
=	VS 150	- Lucia	1	***************************************			
	43 130		/ 1				

	240
5	7035

BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 7035

ВІ	RTH NO.		<u> </u>			DEATH			
	NAME OF Dippe or Print)	Lones	PASI	LEVIC	US	RUSSEL	2. DATE OF DEATH	ely 2	4 1952
	Baltimore C	EATH City, Maryland	BALTO	Cel	4. USI	TE TE	Where deceased live B. COUNT		tion: residence before admission)
H	FULL NAME	OF (If not in hosp:	tal or institution,	give street address or location)		Y OR TOWN (I	f outside corporate	limits, write	RORAL and give
IN	STITUTION	312.	Stricke	1 St		Balto	,	4-0	5 township)
C.	Length of st	tay in Baltimore	4	7 400 Days	D. STR	PET ADDRESS A	fural, give location	ST.	
5.	SEX	6. COLOR OR RACE				E OF BIRTH	9. AGE (In year last birthday) Months L	lear H Under 24 Hours Days Hours Min.
7	A USUAL OC	CUPATION (Give kinds	Will TOP KIND OF	PHILLIPSE	UU	G 5 / 88 A	foreign country)	112 6	ITIZEN OF
work	done during most o	working life, eyeo if retired	108. KIND OF	INDUSTRY		LiTh	ioreign country)		HAT COUNTRY?
13	FATHER'S	IAME	1		14. MC	THER'S MAIDEN	NAME		
	1				Un	nes ITA	ShUTE	PLUE	
15 (Yes	. WAS DECEASE s, no or uoknown)	D EVER IN U.S. ARMI (If yes, give war or dat	ED FORCES? 16 tes of service)	SECURITY NO.	17. IN	WATPUS	sell 3	ADDRES	Itricke (
	18. 44	3x and	E931.9	CAUSE	OF DE	ATH			TERVAL BETWEEN
	DISEAS	SE OR CONDITION		/1		1 0			1
	heart failu	not mean the mode re, asthenia, etc. It me complication which	of dying, e. g., eans the disease,	(A)		1-	Lunder 1	C .	1 day
		ANTECEDENT CAL	SES	114	per	leasen	cord	covas	rcular
ON	DISEASES	S OR CONDITIONS,	IF ANY, GIVING	(B)	1:	lisea		August 18	
RTIFICATION		HE ABOVE CAUSE (A		DUE TO					
FIC				_(C)	1	- U	-		
RT		IGNIFICANT CON		1/ 1/2	pi	- un	-		
CE	TO THE D	S TO THE DEATH, BU	N CAUSING IT.	NDINGS OF OPER	MATION	A Corole	di water	lan	O. AUTOPSY?
AL	ISA, DATE O	F OPERATION	198, MAJOR FI	NDINGS OF OPER	KATION				YES NO
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		OF INJURY (e. g., i factory, street, office bldg.,		URY OCCUR?	(If in Baltimore C	ity, give ex	act location)
Σ	D. TIME (Month) (Day) (Year	WHIL			F. HOW DID INJUE	RY OCCUR?		
	22 I handh	y certify that I a	m. wo		12	, 157, to 2	12.4	that the	t I last saw the
	deceased al		, 19and	that death occur	rred at	10 Pm., from	the causes and	on the dat	te stated above.
H	23A. SIGNAT	TURE	- 10	21-4306	23B. ADD	RESS	214	230	PATE SIGNED
24	4A. BURIAN,	CREMA- 24B. DATE	240	NAME OF CEMETE			LOCATION (City,	town, or cou	nty) (State)
710	ON REMOVAL (S	July 2	7-52 1	Loly Rede	eme	Carro de	Belair !	40	mo
D.	ATE RECEIVE	D BY REGISTRAF	S SIGNATURE	5/2 0	25. FU	NERAL DIRECTOR	2		RESS
1	UL 26 19	52 Hunt	ugton Wil	liacus, M.P.	1 vac	sh/ rasem	iskes Ja		30
	VS 150	81.3	0	47.4	0		100	melas	nd are

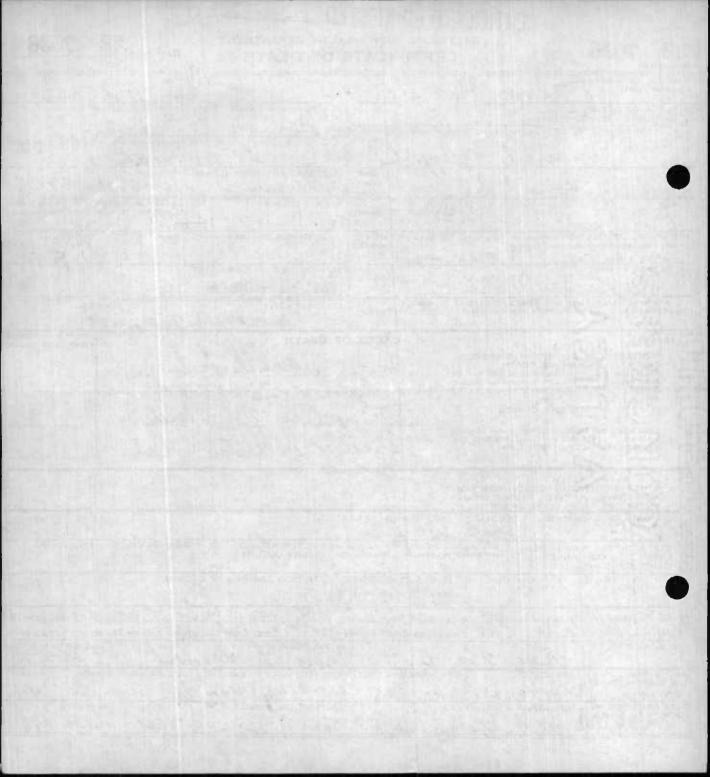
NOT A MEDICAL EXAMINER'S CASE MAJERSLEIVELS PUSS 21 of Stucker of E. H. Hukus 47 915 White wide and they is 11 - 12 Clean Machall KINN HOSSELLE STEEL Bound Sugar 52 years Personne Gern Hallen Fell PEN THE STATE OF T

CERTIFICATE CORRECTED 7-30-52

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 7036

		E OF DEATH Registered No.	,
No.	IRTH NO.		
(T	Type or Print) ZAhn, MARGARET	J. 2. DATE OF 7-26	7-52
6	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institute. STATE B. COUNTY	ution : residence before admission)
	FULL NAME Or (if not in hospital or institution, give street address or OSPITAL OR location)		
IN	ISTITUTION University description	c. CITY OR TOWN (If outside corporate limits, write WESTMINSTER	te KURAL and give township)
7	The state of the s	D. STREET ADDRESS (If rural, give location)	4 - 41
C.	Length of stay in Baltimore Days	WASHINGTON AUE & GREEN	v 57.
5.	6. COLOR OF RACE 7. SINGLE MARRIED, (Specify)	8. DATE OF-BIRTH 9. AGE (in years i Under last birthday) Months Feb. 19, 1883 69	
	A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF
	HOUSEWIFE OWN HOME		J. S. A.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jacob Gull	Emily Jane Myers	
15 (Ye	5. WAS DECEMSED EVER IN U. S. ARMED FORCES? 16. SOCIAL e, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRE	ss
(No	HOSPITAL RECORDS	
	18. 260 X . CAUSE	OF DEATH	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		NSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	a & Renel Harluse.	
	heart failure, asthenia, etc. It means the disease,		
	injury or complication which caused death.) DUE TO	donephilis +	
	ANTECEDENT CAUSES	will a place on landon	
O	DISEASES OR CONDITIONS, IF ANY, GIVING	garcing gromenus reservoir	*******************************
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	eta la silit illion	
V	CO CONDITION LAST.	Marille 4 HV. U.	***************************************
L			
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
川	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
0	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		20. AUTOPSY?
CAL	7-25-62 Small left kidne		YES NO
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg., cause of Death	n or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	xact location)
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
L	FINJURY WHILE AT NOT WHILE MORK AT WORK		
	22. I hereby certify that I attended the deceased from gal	n 2 4 1952 to July 26, 1952 tha	at I last saw the
	deceased alive on July 251952, and that death occur		
			C. DATE SIGNED
	Kay Pryon, M.D.		25-52
24	4A. BURIAL, CREMA- DN. REMOVAL (Specify) Z4B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or con	unty) (State)
113	BURIAL JULY 28, 1952 KRIDERS C	EMETERY NEAR WESTMINST	ER MD.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE		RESS
LC	OCHUREOUS HAS IN WILLIAMS	- 00 30/-	TER MD.



6	00
2	7037

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7037
Registered No.

BIXTII NO.				
1. NAME OF DECEASED (Type or Print) MART HA	ELIZABE.	TH BRADE NOR	2. DATE OF	423 52
3. PLACE OF DEATH: A. Baltimore City, Maryland/0/8 g.	36 th St	4. USUAL RESIDENCE		nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address or location)		If outside corporate maits	, write RUPAL and give
INSTITUTION		Battimore	9.	township)
congth of ctay in Political	30 Jean Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	
	Days NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II)	Under 1 Year # Under 24 Hours
temal white 1	vidon	Seft 29 195	5 96 9	ths Days Hours Min.
vork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME TO SON	
your Ramp	ley	Elization	The Street	1
15. WAS DECEASED EVER IN U. S. ARMED ORC (Yes, no or unknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	2 AD	DRESS
		Chaster &	ralley	ALTERVAL BETWEEN
DISEASE OR CONDITION DIREC		OF DEATH	Bel	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dyin,		les - reunl -	- Varenlar	
heart failure, asthenia, etc. It means the injury or complication which caused	disease.	mener -		
ANTECEDENT CAUSES	Co.	. L. I then	1	
DISEASES OR CONDITIONS, IF ANY.	GIVING (B)	ence work	Work -	
RISE TO THE ABOVE CAUSE (A) STATH UNDERLYING CONDITION LAST.	NG THE DUE TO			
	(C)			
OTHER SIGNIFICANT CONDITIONS				2
TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED ING IT			no
19a. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B	PLACE OF INJURY (e. g., i	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, gi	
Z				
P. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID INJU	RY OCCUR?	
	m. WORK AT WORK		July 27 1052	
deceased alive on 23193	and that death occur	rred at 5 P. m. from	the causes and on the	that I last saw the
23A. SIGNATURE		23B. ADDRESS	· Blas-	23C DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	M. D.	RY OR CREMATORY 24D.	LOCATION (City, town,	or county (State)
TION REMOVAL (Specify)	3 Rethiel	000772	edownath	refer Jack
DATE RECEIVED BY REGISTRAR'S SIGI	NATURE	25. FUNERAL DIRECTOR	gel for	ADDRESS
JUL 26 1952 11 unlington	Voluments, My.	marpus	The state of the	exellenele
VS 150				Jan 7

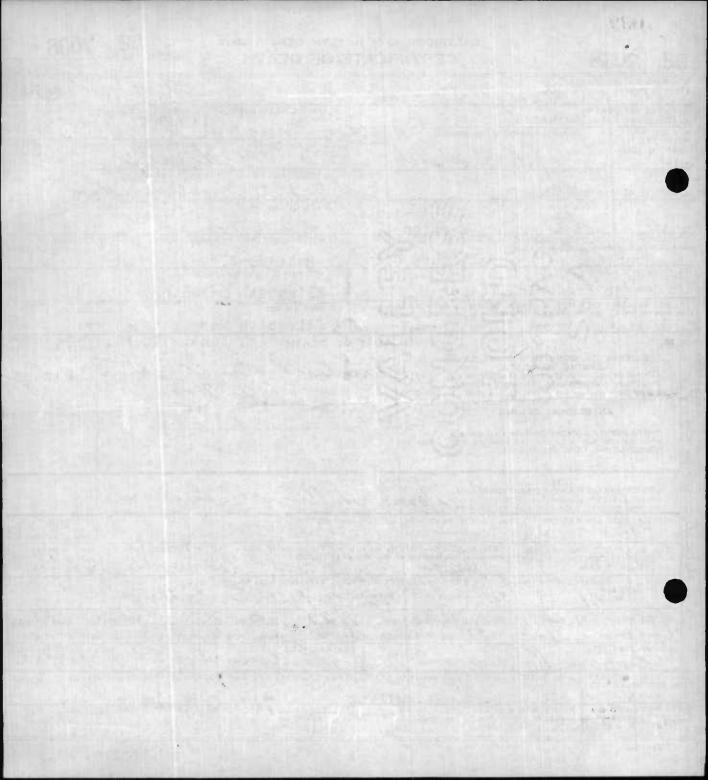
MARY HA ELLIZABETH BRADEABHUM 129 23 A STATE OF THE 14 22 14 15 Bu The same of the same of Towner Kerner A . C. B & W. K. 5 the same of the sa the same and same Grabal thronton " A Marian et a Marian Maria

1260 524 NO.7038

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7038

DRAIN NO.	
1. NAME OF DECEASED GOT (Type or Print) Slorge Mager 12. DATE OF TOTAL OF THE O	-1923-
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased fived. If instituation and the state of the state o	tion: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation)	43
INSTITUTION ST. Aguls Hospital C. CITY OR TOWN (If outside corporate paints grant	township)
Yrs. D. STREET ADDRESS (If rural, give iocation)	. 0
c. Length of stay in Baltimore Days 2/15 Annapolis Ros 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Unides 1)	Year II Under 24 Hours
WIDOWED, DIVORCED (Specify)	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 18. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF
work done during most of working life, even if retired) INDUSTRY	ITIZEN OF HAT COUNTRY?
Hostler Baltimore City Baltimore, Md. 13. FATHER'S NAME	
(Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	
No Elizabeth Margaret Yeager	TERVAL BETWEEN
CAUSE OF BEATH SISO ATMEDICATES Ted. ON	NSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 1.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	6 00 70
injury or complication which caused death.) DUE TO	0
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	*>>>>>
OTHER SIGNIFICANT CONDITIONS CON. A P. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
III TRIBUTING TO THE DEATH, BUT NOT RELATED COMMENTS - WAYNES	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY7
- Home o	ES NO P
	act iocation)
LYING OR CONTRIBUTING about home farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH AND THERE DISTRIBUTING OF THE PROPERTY OF THE PROPE	rool
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
July 19 52 m. WHILE AT NOT WHILE THE FILL IN GATHOOM	
1 22. I hereby certify that I attended the deceased from 1/23 1952 to 1/23 1952 to	t I last sam the
	t I last saw the
deceased alive on 1924, 1924 and that death occurred at 4 m., from the causes and on the dat	
23A. SIGNATURE 1. Cachesio M. D. 23B. Appress Agrees Hospital 23C. 2	e stated above. PATE SIGNED 25/52
deceased alive on 19 and that death occurred at 4 m., from the causes and on the dat 23A. SIGNATURE 23B. ADDRESS Amountal 23C. SIGNATURE	e stated above. PATE SIGNED 25/52
23A. SIGNATURE 23A. BURIAL CREMA- TION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or court 24C. NAME OF CEMETERY OR CREMATORY 24C. NAME OF CEMETERY O	e stated above. PATE SIGNED 25/52 nty) (State)
23A. SIGNATURE 23A. BURIAL CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 123A. BURIAL CREMA- 124C. NAME OF CEMETERY OR CREMATORY 124C. NAME OF CEMETERY OR CREMATORY 125. FUNERAL PIRECTOR ADDITION 125. FUNERAL PIRECTOR 12	e stated above. PATE SIGNED 25/52 nty) (State)
23a. SIGNATURE 23a. SIGNATURE 24a. BURIAL CREMA- TION, REMOVAL Specify) Burial July 28.52 Mt. FOlivet DATE RECEIVED BY REGISTRAR'S SIGNATURE. 125. FUNERAL BIRECTOR ADDRESS A. DORESS 4 m., from the causes and on the dat 23c. ADDRESS M. D. 23c. ADDRESS A. DORESS Burial ADDRESS ADDRE	nty) (State)

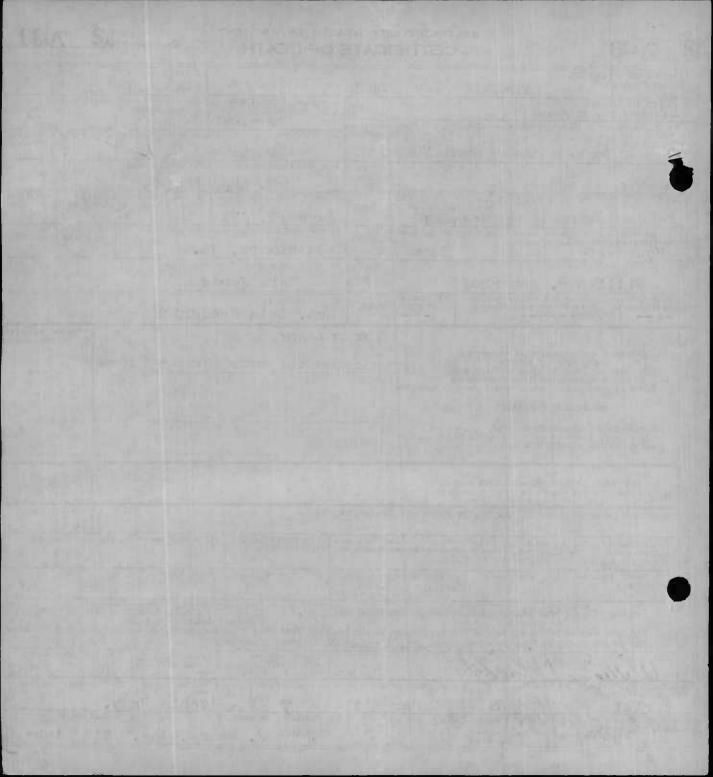


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 7039

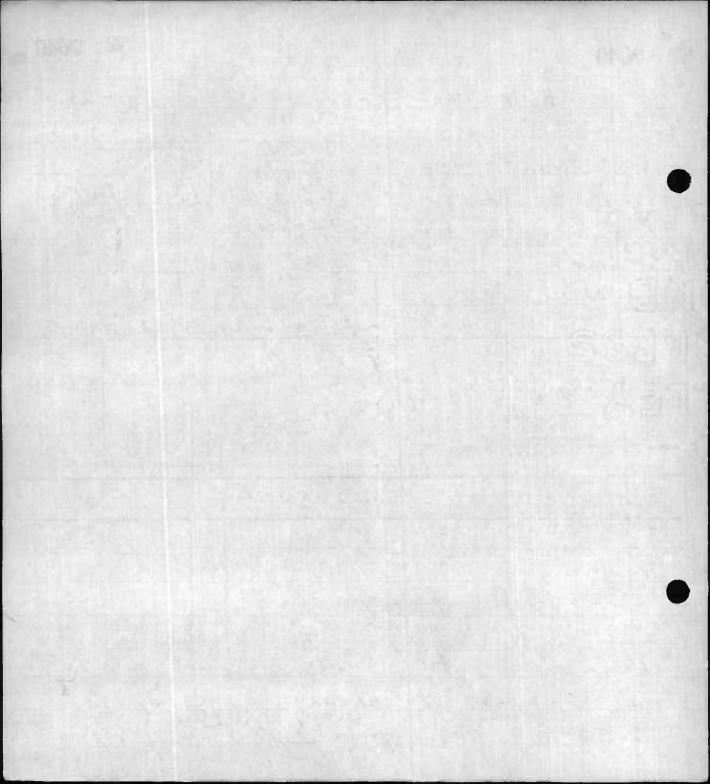
BIRTH NO.	OF DEATH
1. NAME OF DECEASED (Type or Print) VIRGINIA May CRAIG	2. DATE OF July 24, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland c. CITY OR TOWN (If outside corporate limits, write RedAL and give
South Baltimore General Hospital	Baltimore township
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	827 Light Street
5, SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year Months Days Hours Min.
Female White Widowed	June 10, '71 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	WHAT COUNTRY
Housewife Home	Baltimore, Md.
William P. Sauerhoff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Kate Jones 17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs. Lola Frederick
18. Hazzal CAUSE	OF DEATH INTERVAL BETWEE
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES	sclerotic cardiovascular disease
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO X
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.	n or 21c. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	
the evidence obtained by said Autonsy. Inspection or I	nbove, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above Manager A. Suicide, A. Homieide, A. undetermined A.
23A/SIGNATURE CONTROL M	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 7/26/52 Cedar HAll	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCATIRES STRARS + + + + WITT	John F. Denny, Inc. 215 Light



51	16
52	7040
BIRTH	NO

CERTIFICATE OF DEATH Segistered No. 7040

ВІ	BIRTH NO.	
	1. NAME OF DECEASED HENRIETTA AMBROSE 2. DATE OF DEATH 7	- 22 - 52
	3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
B. HC	B. FULL NAME OF (If not in hospital or institution, give street address or location)	0.7
IN	1622 HARLEM ANE PALTIMORE	township)
c.	c. Length of stay in Baltimore LIFE Mos. 1622 HARIEM	AVR
5.		Under I Year If Under 24 Hours nths Days Hours Min.
10 worl	10A. USUAL OCCUPATION (Givekind of orking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	TOUSE NITE 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME	
10	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15 (Yes	15. WAS DECEASED EVER IN II S ARMED EXPERS? I 16 SOCIAL	DDRESS / 1
	No KLS/E SIMIXEY/622	MARLEN MYL
	18. 443 X and 260 X CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	?
	(This docs not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	KARL
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
O	DISEASES OR CONDITIONS, IF ANY, GIVING	188685>
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
C	(C)	
ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED DESCRIPTIONS OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	7
U	TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
CAL		YES NO
MEDI	218. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (II in Battimore City, g about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	ive exact location)
4	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that Lattended the deceased from 3, 195, to 21, 195	2, ,,, ,,
	deceased alive on 195, and that death occurred at 230 m., from the causes and on the	that I last saw the
	23A. SIGNATURE 239. ADDRESS ()	23c. DATE SIGNED
	Decroffaces DV M.D. 120211 trollie	8 7/25/52
24 TIC	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, tion, removal (Specify)	or county) (State)
E	BURIAL 7-27-52 MT-CALVARY A.A. COUNY,	md
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OF LOCAL REGISTRAR 4 4 4 111	130 4 N. Buha
=	VS 150	an

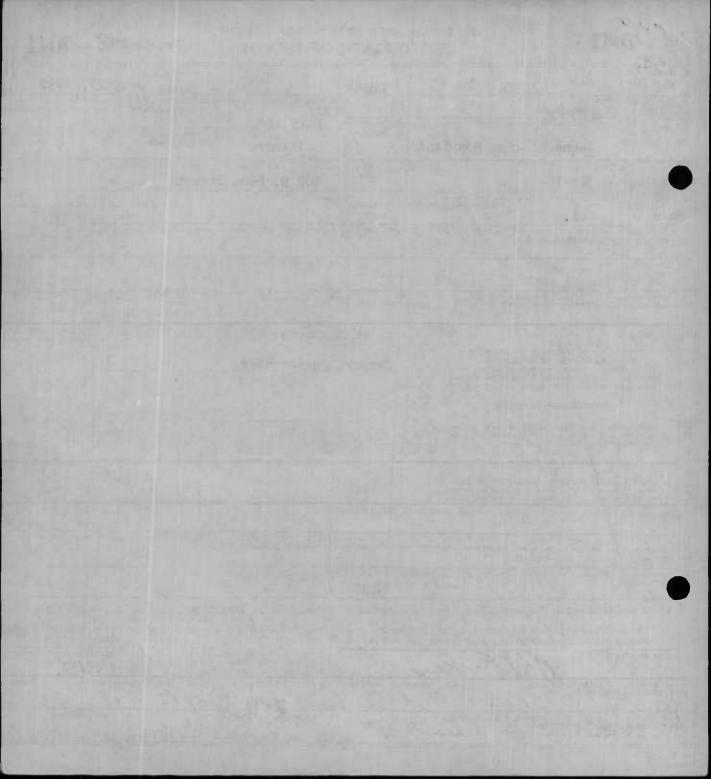


52 7041

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7041

1. NAME OF DECEASED 2. DATE (Type or Print) July 23, 1952 WALTER CHASE DEATH 4. USUAL RESIDENCE (Where deceased rived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate finits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 102 N. Bond Street ength of stay in Baltimore Days 8. DATE OF BIRTH If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) last birthday) | Months: Days | Hours : Min. WIDOWED, DIVORCED (Specify) Male Col. 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown! (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE! WHILE AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 2, accident . suicide . homicide . undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY RECEIVED BY ADDRESS REGISTRAR S 151



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S	7042 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2	2 7042
	NAME OF DECEASED Type or Print) 2. DATE OF D 2. DATE	73 / 00-
	PLACE OF DEATH: Baltimore City, Maryland A. USUAL RESIDENCE (Where deceased lived, If instance City, Maryland B. COUNTY)	itution : residence before admission
11 -	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL C. CITY OR TOWN (If outside corporate limits, w.	He RURAL and give township
9	O Yrs. O. STREET ADDRESS (If rural, give location)	2
	Length of stay in Baltimore Life Days / 003 Alala a. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 1 Units	r 1 Year If Under 24 Hours
2	rale Colored WIDOWED (Specify) 3-2 9-52 last birthday) Months	
Wo	OA. USUAL OCCUPATION (Give kind of the kin	CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	0.5.4.
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDR	PESS (
(x	os, no or nnknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL	
	18. 75/X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1 day
	ANTECEDENT CAUSES	
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
FICA	UNDERLYING CONDITION LAST, (C)	
RT	OTHER SIGNIFICANT CONDITIONS CON. Longental wellingships la coele	O . latt
S	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	emee
CAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or local contribution) 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)	exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
	m. WORK AT WORK	hat I last saw th
	deccased alive on 1/25, 1952, and that death occurred at 12 from the causes and on the	late stated above
	23A. SIGNATURE LILANDE LA SIGNATURE 123B. ADDRESS 10HNS HOPKINS HOSPITAL 2	2 24/52
2 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or congression)	county) (State)
70,	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	DRESS
=	III 26 1952 Huntington Williams, My. Wandolph J. Collick 14126.1.	restore st.
11	VS 150	

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BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 7043

ВІ	RTH NO.			CLIVIII ICAI	E OF BEATH		
1.	NAME OF D					2. DATE	
(1)	ype or Frinc)	Estel	la l	Meyer		OF DEATH	July 25, 1952
	PLACE OF D				4. USUAL RESIDENCE (W	here deceased li	ived. If institution, residence
	FULL NAME	City, Maryland OF (If not in hospits	al or institut	ion, give street address or	Maryland	3.000	7-06
HC	SPITAL OR	0, (22 1100 111 1100)		location)	C. CITY OR TOWN (If	outside corpora	te li hits, write RURAL and give
IN	STITUTION	4702 Har	ford !	Road	Baltimor		township)
				Yrs.	D. STREET ADDRESS (If	rural, give locat	zion)
	Langth of s	tay in Baltimore		Mos.	5313 Elsrode		
	SEX	6. COLOR OR RACE	7 SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In ye	
				ED, DIVORCED (Specify)		last birthda	ay) Months Days Hours Min.
10	emale	white			ec. 25, 1885		
work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	at ho				Baltimore, Ma	ryland	
13	. FATHER'S	NAME		THE STREET STREET	14. MOTHER'S MAIDEN NA		
	James	Sprowl			Emma ?		
15	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS desire
(Yes	, no or nnknown)	(If yes, give war or date	of service)	SECURITY NO.		Morron	4510 Northwood
-						Meyer,	INTERVAL BETWEEN
	18. 44	3 X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEAT	DIRECTLY				
	(This does	not mean the mode o	f dying, e. s	z., (A)	emala		***************************************
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, a) DUE TO			
		ANTECEDENT CAUSES					
ő	DISEASE	S OR CONDITIONS, II	ANY, GIVIN	IG (B)		0	
E	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	T. 011	10	
CA				(C)	- MANA CONTRACTOR		
RTIFI		11					
监		SIGNIFICANT CONDI					
G		TO THE DEATH, BUT					
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO X
EDICA	21A. ACCIE	ENT WAS UNDER-		ACE OF INJURY (e. g., i		f in Baltimore	City, give exact location)
	LYING OF	ENT WAS UNDER-	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	-	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	V OCCUR?	
	INJURY	(Honon) (Day) (Tear)		WHILE AT NOT WHILE	- ZIF. NOW BID INSORT	OCCORT	
			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from	1917, to	2122	, 1951, that I last saw the
					rred at 12:406 m. from ti		d on the date stated above.
	23A. SIGNA		1 1		3B. ADDRESS	0.	23c. DATE SIGNED
	CH.	abur	Na	M. D.	4×18-Noula	D MB	1/35/52
24	N. REMOVAL	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240 L	OCATION (City	y, town, or county) (State)
TIC			2	Pankwood (Como tony Bo	ltimore	Menyland
D/	Burla ATE RECEIVE		SSIGNATI	Parkwood (25. FUNERAL DIRECTOR	TOTHOL G	Maryland ADDRESS
L	GAL RESIG	7057	T.	VIEW AS		1 5705	
	JUL ZU	1334 Tourtu	dion 1	rousine, ",	Leonard J. Ruc	K, 5305	Harford Road
	VS 150		0				

2 7044

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro 7044

BIRTH NO.	
1. NAME OF DECEASED SOFIE LARSEN	2. DATE OF 7/23/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	ma 21-01
INSTITUTION , /	c. CITY OR TOWN (If outside eorporate limits rite WISAL and give township)
University Yrs.	D. STREET ADDRESS (If rural, give location)
Mos.	D. STREET ADDRESS (If rural, give location) 4613 May Avl.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year in Under 24 Hours last birthday) Months: Days Hours Min.
female white widowed (Specify)	last birthday) Months Days Hours Min.
1DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	Norway WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul (Faulsen) LARSEN	Thea. Bentsen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give, wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Daughter MRS P. OSEN same
18. 472. / CAUSE (OF DEATH U INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	his street
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	perpere on.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Auto	inschroter Cardiovarcular diana -
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ilite -
(C)	
E CTUER SIGNIFICANT CONDITIONS	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
V 218 PLACE OF INJURY (a.g. in	YES NO V
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 7/	22 , 19 52, to 7 /23 , 19 57, that I last saw the
	red at 10 Pm., from the causes and on the date stated above.
23A. SIGNATURE 2	3B. ADDRESS
24a. BURIAL, CREMA- 248 DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. 10005710N (City, town, or county) (State)
24A. BURIAL, CREMA- TION REMOVAL (Specify) 24F. DATE 24C. NAME OF CEMETER TURNAL SPECIFIC SPECIFICATION OF S	of task a South Medicate Medic
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUL 26 19521	George Juck 3305 Harford
VS 150	

CERTIFICATE OF DEATH

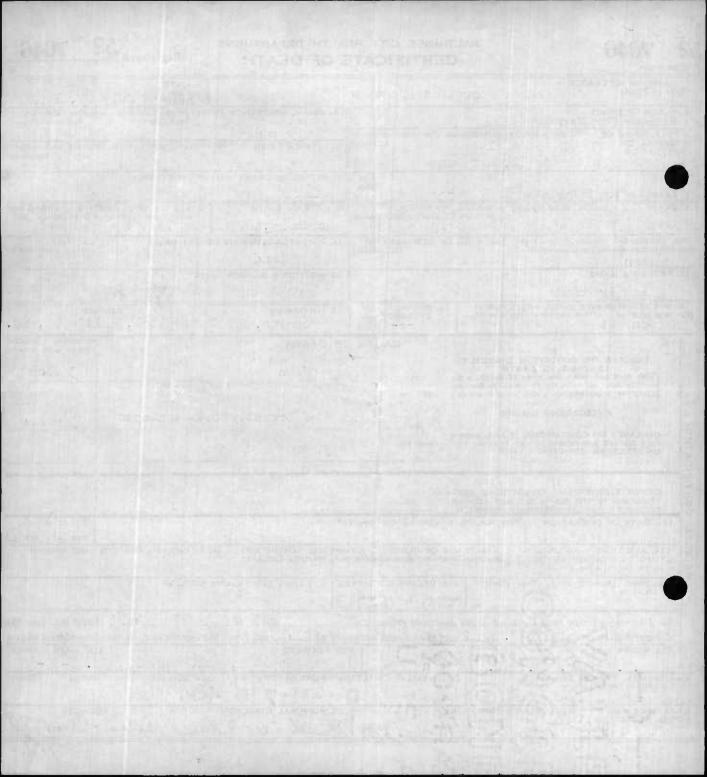
Registered No. 7045

1. (T	NAME OF DECEASED ype or Print) & atherine chern		2. DATE 24	July 1952		
A.	PLACE OF DEATH: Baltimore City, Maryland 12 50 Valley St	4. USUAL RESIDENCE (W. A. STATE	bcre deceased lived. I	f institution : residence before admission)		
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION	C. CITY OR TOWN (If	atside corporate lim	ts (wite It UAL ind give township)		
7	Lettle Sesters of the Yrs.	D. STREET ADDRESS (If r	ural, give location).			
C.	Length of stay in Baltimore Mos. Days	12001	ally St			
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours on the Days Hours Min.		
(sende white moidon	2011870	last Marday)	donties Days Hours Min.		
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA		l		
	In tchael Kelly	man. and				
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT		ADDRESS		
(SECORITY NO.	Letter Such	to 0 1 to	6 vol		
	18. 450.0 CAUSE	OF DEATH	D	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Astia Stoma	111	5 415		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) DUE TO	T. O. P.	Pen	115-1		
7	ANTECEDENT CAUSES Where I clauses					
NO.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************	***************************************			
CAT	UNDERLYING CONDITION LAST.		******			
FIC						
CERT	OTHER SIGNIFICANT CONDITIONS CON-					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************				
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
CAL	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City.	give exact location)		
MEDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?	in Daminot Groy,	give chaot location)		
	p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI		OCCUR?			
	m. WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from July	410 - , 1950, to Ju	ly 24 , 195	2; that I last saw the		
	deceased alive on July 20, 1952, and that death occur		Causes and on	the date stated above.		
	Co Gill Hall MDM. D.	1631ENOU	te ave	July 24-52		
24 TI	AA. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town	n, or county) (State)		
1	Burial July 26/52 Stoly Red	eemer 1 30	llemore	ADDRESS		
L	THE RECEIVED BY REGISTRAR'S SIGNATURE JUL 26 1952	25. FUNERAL DIRECTOR	6900E.Be	address		
	VS 150					

63V 52 7046

CERTIFICATE OF DEATH V Registered No. 7046

INJUST ADDRESS OR CONDITION DIRECTLY This does not condition of the condi	В	RTH NO.		1	CERTIFICATI	E OF DEATH	Megistere	110	
3. PLACE OF DEATH. Baltimore Ofty, Maryland F. FULL, PASHE OF City, Maryland F. FULL, PASHE OF City of mot in hospital or institution, give street address or location? B. FULL, PASHE OF City of mot in hospital or institution, give street address or location? F. FULL, PASHE OF City of mot in hospital or institution, give street address or location? F. FULL, PASHE OF City of mot in hospital or institution, give street address or location? F. FULL, PASHE OF City of mot in hospital or institution, give street address or location? Yes, D. Full of the city of mot in hospital or institution, give street address or location? Yes, D. Full of the city of mot in hospital or institution, give street address or location? Yes, D. Full of the city of mot in hospital or institution, give street address or location? Yes, D. Full of the city of mot in hospital or institution, give street address or location? Yes, D. Full of the city of mot in hospital or institution, give street address or location? Yes, D. Full of the city of mot in hospital or institution, give street address or location? No. Full of the city of mot in hospital or institution, give street address or location? Yes, D. Full of the city of mot in hospital or institution, give street address or location? In J. J. O. C.				w Paswa	ters Bradshaw		0.5	uly 22,	1952
Carcinoma of breast with metastases Syears State of control of service State of s							here deceased lived.	If institution	: residence
DEFAULT ON THE HOSPITAL CONTRIBUTION Baltimore C. Length of stay in Baltimore S. SEX G. COLOR OR RACE Mate Ma									
C. Length of stay in Baltimore S. SEX G. COLOR OR RACE Male Mark Mark Mark Mark Mark Mark Mark Mark							outside corporate in	mits, write RU	township)
S. SEX Male White March 15,1873 S. AGE (In yours) March 15,1873 S. AG	=			, 1100-0-	Yrs.		rural, give location)	9.1.0	
March 15, 1873 March 15, 1873					Days	gin on Sta			
NOTIFE SCATTOR NATURE TO THE DISTANT CONDITIONS CONTRIBUTION CONDITION LAST. OTHER SIGNIFICANT CONDITIONS IF ANN, GIVING RISE TO THE DISTANT CONDITIONS. IF ANN, GIVING RISE TO THE DEATH, BUT NOT RELATED TO THE DISTANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS FANN, GIVING RISE TO THE DISTANT CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS FANN, GIVING RISE TO THE DISTANT CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITION CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITIONS. IF ANN, GIVING RISE TO THE DISTANT OR CONDITIONS. IF ANN, GIVING RISE TO THE DISTANCE RECEIVED BY THE RISE RISE RISE RISE RISE RISE RISE RIS				WIDOW	ED, DIVORCED (Specify)		9. AGE (In years last hirthday)	If Under 1 Year Months Days	Hours Min.
13. FATHER'S NAME All on Breadshaw 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (If yes, give war or dates of service) (Pes, now or ubshown) (Pes, now or ub	1 C	done during most o	CUPATION (Give kind of of working life, even if retired)		INDUSTRY		reign country)	MHY.	
15. WAS DECEASED SURE IN U. S. ARHED FORCES? (We, no or unknown) (Live, give war or dides of service) (Live, give war or d	13		NAME				ME	0.511	
18. 70 Records, USHS Hospital, Baltimore, Md.						unknown			
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart famous the mode of dying, e.g., injury or complication which caused death.) ANTECEDENT CAUSES OUR TO ANTECEDENT CAUSES (A) Pulmonary edema 3 weels OUR TO ANTECEDENT CAUSES (B) OUR TO CARCINOMA OF DEATH OUR TO ANTECEDENT CAUSES (B) OUR TO CARCINOMA OF DEAST With metastases 3 years OUR TO ANTECEDENT CAUSES (C) OTHER SIGNIFICANT CONDITIONS, IF ANY, GIVING RISE OF THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISCASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYINGO OR CONTRIBUTING CAUSE OF DEATH OLITICAL (Month) (Day) (Year) (Hour) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? WHILE AT WORK AT WORK 22. I hereby certify that I attended the deecased from May 29 AUGUST OF THE CONTRIBUTION OF THE DEATH OF THE CAUSE AND THE CAUSE OF TH	(Ie	a, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES?			6 Hospital,		ore, Nd.
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, astering, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DESCRIPTION CONDITION SEARCH CONDITION CONTRIBUTING OR CONTRIBUTING About boms. farm. factory. street, office bldg., etc.) 194. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 20. AUTOPSYIVES NOT CAUSE OF DEATH 195. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 216. INJURY OCCUR? 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About boms. farm. factory. street, office bldg., etc.) INJURY OCCUR? 197. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 20. AUTOPSYIVES NOT CAUSE OF DEATH 197. IT INTURE (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 216. HOW DID INJURY OCCUR? 197. INJURY NOT WHILE NOT WHILE NOT WHILE AT WORK N		18. 17	o X		CAUSE	OF DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES NO 19B. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING beboth boms. farm, factory, street, office bidg., etc.) OTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? INJURY OCCUR? 19A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING beboth boms. farm, factory, street, office bidg., etc.) 19A. DATE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK A		DISEASE OR CONDITION DIRECTLY							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, street, office bidg., etc.) CAUSE OF DEATH 1. TIME (Month) (Day) (Year) (Hour) 1. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from May 29 18. 2, to July 22 19. 2, to July 22 19. 2, the factory of the date stated above. 23B. ADDRESS 1. A. HUDGAN 24B. DATE 23C. AUTOPSY? YES NO 21F. HOW DID INJURY OCCUR? 23B. ADDRESS 1. A. HUDGAN 22, 19. 2, and, that death occurred at 11. 15 m., from the causes and on the date stated above. 23B. ADDRESS 1. A. HUDGAN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 1. A. HUDGAN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 1. A. HUDGAN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 1. A. HUDGAN 34B. ADDRESS 1. A. HUDGAN 34B. ADDRESS 23C. AUTOPSY? 23C. AUTOPSY? YES NO 21F. HOW DID INJURY OCCUR? 23B. ADDRESS 23C. ADTE SIGNED 23C. AUTOPSY? YES NO 24B. NOT WHILE 23C. AUTOPSY? YES NO 24B. NOT WHILE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 1. A. HUDGAN 34B. ADDRESS 1. A. HUDGAN 34B. ADDRESS 23C. ADTE SIGNED 23C. AUTOPSY? 23C. AUTOPSY? YES NO 23C. AUTOPSY? YES NO 24D. DATE SIGNED 23C. AUTOPSY? YES NO 24D. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 1. A. HUDGAN 34B. ADDRESS 23C. ADDRESS 23C. ADTE SIGNED 23C. DATE SIGNED 2		(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease.							WCC1D
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D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from May 29, 192, to July 22, 192, that I last saw the deceased alive on July 22, 192, 52 and that death occurred at 11:15 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL. CREMY 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 10N. REMOVAL (Specify) 10Live 12						ATION	******	20.7	AUTOPSY?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from May 29, 192, to July 22, 192, that I last saw the deceased alive on July 22, 192, 52 and that death occurred at 11:15 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL. CREMY 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 10N. REMOVAL (Specify) 10Live 12	CAI		26						
22. I hereby certify that I attended the deceased from May 29 23. I hereby certify that I attended the deceased from May 29 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. BURIAL. CREMA 248. DATE 24. NAME OF CEMETERY OR CREMATORY 24. LOCATION (City, town, or county) 24. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY (REGISTRAR'S SIGNATURE) 25. FUNERAL DIRECTOR ADDRESS 25. FUNERAL DIRECTOR ADDRESS ADDRESS 25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS Cut La County Cut La County ADDRESS ADDRESS ADDRESS DATE RECEIVED BY (REGISTRAR'S SIGNATURE) 25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE RECEIVED BY (REGISTRAR'S SIGNATURE) 25. FUNERAL DIRECTOR ADDRESS ADDR	MEDI	LYING OF	R CONTRIBUTING	21B. PLA about home, fo	.CE OF INJURY (e. g., ir arm, factory, street, office bldg., e	to.) 21c. WHERE DID (II	f in Baltimore City	, give exact	location)
22. I hereby certify that I attended the deceased from May 29, 1952, to July 22, 1953 that I last saw the deceased alive on July 22, 1952 and that death occurred at 11:15 m., from the causes and on the date stated above. 23A. SIGNATURE J. A. Hunter Jr. Sir. Suiteon M. D. USPHS Hospital, Baltimore 11, Md. 7-23-52 24A. BURIAL. CREMA 24B. DATE 110N. REMOVAL (Specify) Local Control (City, town, or county) Local Registrar's SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATU	Í		(Month) (Day) (Year)				OCCUR?		
deceased alive on July 22, 19, 52 and that death occurred at 1:15 m., from the causes and on the date stated above. 23A. SIGNATURE J. A. HUDTER JIP SUPPON M.D. USPHS Hospital, Baltimore 11, Md. 7-23-52 24A. BURIAL. CREMA 24B. DATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 125. FUNERAL DIRECTOR ADDRESS 125. FUNERAL DIRECTOR ADDRESS 125. FUNERAL DIRECTOR ADDRESS 125. FUNERAL DIRECTOR ADDRESS 126. DATE SIGNATURE 125. FUNERAL DIRECTOR ADDRESS 126. DATE SIGNATURE 125. FUNERAL DIRECTOR ADDRESS 126. DATE SIGNATURE 125. FUNERAL DIRECTOR ADDRESS 126. DATE SIGNED 126. DATE SIGNATURE 126. DATE SIGNATURE 127. FUNERAL DIRECTOR ADDRESS 129. DATE SIGNED 129. DATE SIGNED 120. DATE SIGNED 121. Date Signed 122. DATE SIGNED 123. DATE SIGNED 124. DATE SIGNED 125. FUNERAL DIRECTOR ADDRESS 125. FUNERAL DIRECTOR ADDRESS 126. DATE SIGNED 127. DATE SIGNED 128. ADDRESS 129. DATE SIGNED 129. DATE SIGNED 120. DATE SIGNED 1				m.	WORK AT WORK				
238. ADDRESS J. A. HUNDER JIP ST. SULTEON M. D. USPHS Hospital, Baltimore 11, Md. 7-23-52 244. BURIAL CREMA 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) Julian 15 (State) Control (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR LO		22. I hereb	y certify that I att	cnded the	deceased from May	29 , 1952, to Ju	Ly 22 , 19	53 that I l	ast saw the
J. A. Hunter Jr. Silveon M. D. USPHS Hospital, Baltimore 11, Md. 7-23-52 24A. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 46, 1957 6 world Cemetary C. Life C. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAP 4 Linguis MD. Drawlew huneral Parlam - Cumfuld,		deceased at	TURE V 1	219 240			re causes and on		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR'S HUTTER Williams M. Branchew huneral Parlaw - Curfuld,		J.A.1	Huntar Jr	Turi			altimore 11	., Md. 7.	
LOSOL 26 1952 Huntington Williams As Brackelew Tuneral Parlaw - Curfuld,	TI	AA. BURIAL. (S	Specify) July 2	6, 1957	6 well 6	enetry 6 1	30 000	1	(State)
The state of the s	D.	THE RECEIVE	D BY REGISTRAR'S	SIGNATU	RE	25 FUNERAL DIRECTOR	very l Paul	ADDRES	s field
	=)		mama, My.				md.



623 267047

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7047

BI	RTH NO.						
	NAME OF Divpe or Print)		CHARD	E. WRICH	r	2. DATE OF DEATH Jul	y 25, 1952
	PLACE OF DI Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution : residence before admission
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or			- 79
	STITUTION			location)	c. CITY OR TOWN (I	f outside corp rate im	its, write CORAL and give township
		Lutheran Ho	spital		Baltimor	e	to winding.
				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
	Length of s	tay in Baltimore		Mos. Days	2400 Els	inor Avenue	
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
	Male	White	mar	VED, DIVORCED (Specify) 명하였다.	April 11, 1933	70	Touchs Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of			11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF
work		(working life, even if retired)	D	INDUSTRY			WHAT COUNTRY
13	Painter.		Paint:	ing	Pennsylvania	MAME	
13				and find a			
		A. Wright			Louise E. Stover		
15 (Yes	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	yes	Werld Wah	II	216-28-0335	Mrs. Mae I. Wrig	tht - 1101 We	entworth Pd.
	18. F Q	クッソ		CAUSE	OF DEATH		INTERVAL BETWEEN
	1-1	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	Finet	, second, and thi	rd degree bu	rns
	heart failu	not mean the mode are, asthenia, etc. It mes	ns the disea				
	injury or	complication which	caused deat.		ace, chest, and u	bher and row	61
		ANTECEDENT CAU	ES	extre	emities		
z	DISEASE	S OR CONDITIONS, I	E ANY CIVI	(B)	••••••••••••••••••••••••	***************************************	
0	RISE TO T	HE ABOVE CAUSE (A)	STATING T				
AT	UNDEKL	YING CONDITION L	AST.	(C)		*********	
RTIFICATION		11					
	OTHER S	II IGNIFICANT COND	TIONS CO	N-			
日兄		TO THE DEATH, BUT					
Ö				FINDINGS OF OPER	RATION		20. AUTOPSY?
							YES NO X
CAL	21A. EXTERN	NAL CAUSE WAS	218. PL	ACE OF INJURY (e.g., i		(If in Baltimore City,	give exact location)
EDI	UNDERLYIN	G M OR CONTRIB-		farm, factory, street, office bldg.,	etc.) INJURY OCCUR? 2400 Elsinor	Avenue	
N N		(Month) (Day) (Year	1 4.	OME 21E. INJURY OCCURR		RY OCCUR? TO TO	2 11.
	F INJURY			WHILE AT NOT WHILE	Viceoling res &	lit o motoh	a room with
		6, 1952	m.				
	22. I certi;	fy that I took char	ge of the	remains described	above, held an Inspect	Inspection or Inquiry	I thereon and from
	the evi	idence obtained by	said Aut	opsy, Inspection or	Inquiry, find that said of		
	and de	ath in my opinion	resulted .	from: natural cause	s [], accident [], suicide	e Z. homicide ,	undetermined [].
	23A. SIGNA	PURE . /	DN	11	23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 2	3c. DATE SIGNED
	1/1/0	Illan V.	BOURS		I.D. MEDICAL INVESTIGA	TOR	July 25, 1952
24 TJ0	A. BURIAL, ON, REMOVAL (S	REMA- 24B. DATE	7	24c) NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
	Burial	7/28/52		Baltimero Nat	ional Can De	1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ATE RECEIVE		SSIGNATI		25 FUNERAL DIRECTOR	7118	ADDRESS
LC	CAL REGIST	RAR H	t- 11	11.	dim. In	interver	1 spus
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V	5 751	N-9680	~	5642	Y	Darto	11, ma

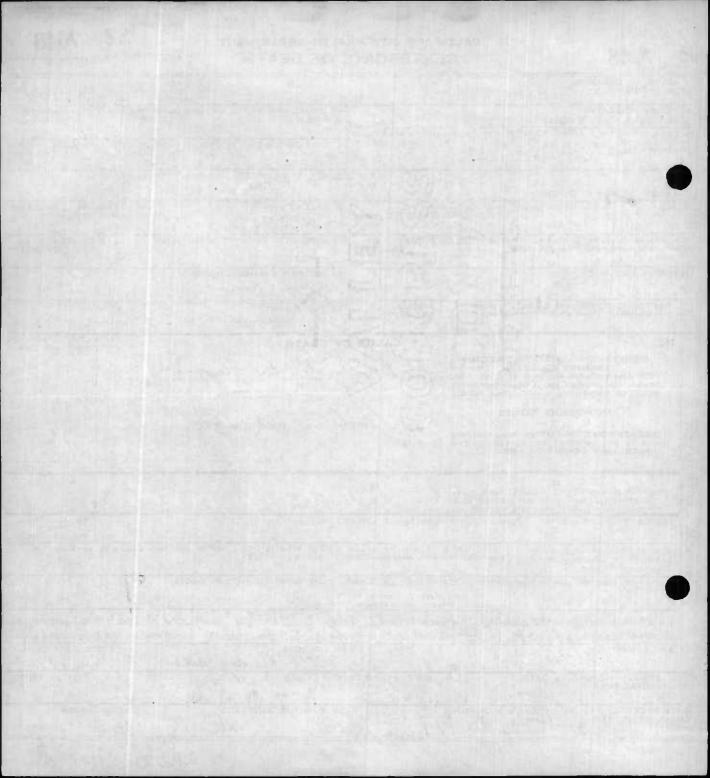
Rim & Tichnic 42 min

2 7048 BIRTH NO.

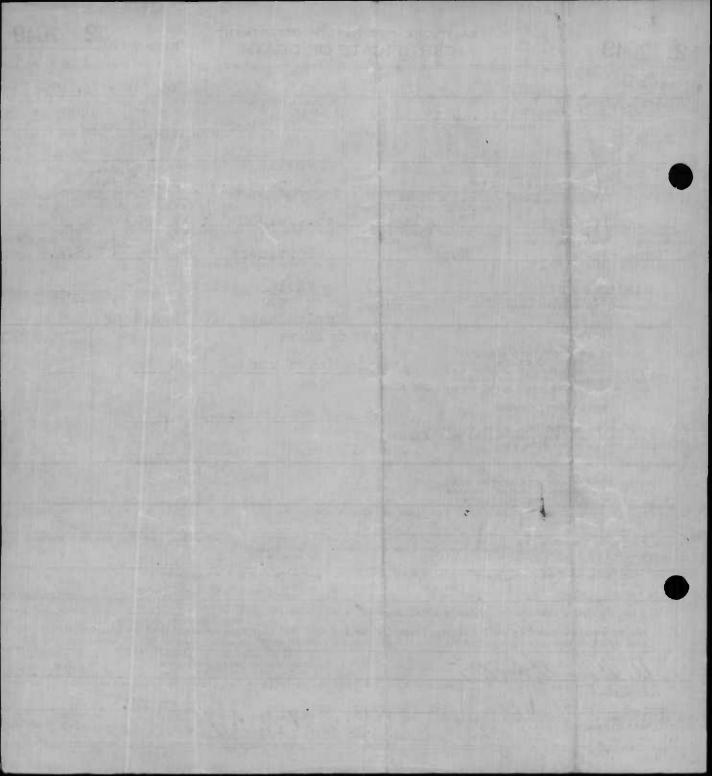
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7048

I. NAME OF DECEASED 2. DATE (Type or Print) OF MAGGIE STUMP DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limit, write FURAL and give INSTITUTION 2520 Ashton St. Balto. township) Yrs. D. STREET ADDRESS (If rural, give location) 2520 Ashton St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Mar. 26, 1868 female 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Housewife INDUSTRY WHAT COUNTRY? home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Mohr Margaret Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Margaret Deitz - 2520 Ashton St. INTERVAL BETWEEN CAUSE OF DEATH 450.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, nffice bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 23 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from. LL 19 52 and that death occurred at_ 7:104m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2. b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Buria] 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



11 7	120		BALTIN	MORE CITY HE	EALTH DEPART	TMENT		52	7049
52	RTH NO. 4	20-265	71 CE	ERTIFICAT	E OF DEAT	Ή	Registere	d No.	Ox O
1. (T	NAME OF D	ECEASED BETT	Υ	LUCAS		2	OF J	uly 23,	1952
3.	PLACE OF D				4. USUAL RESID	ENCE (When		l. If instituti	
8.	FULL NAME OSPITAL OR			give street address or location)		ryland			LANGE AND A STATE OF THE STATE
	STITUTION	Johns Hopki	ns Hospit		C. CITT OR TOWN	timore	ande corporate i	imits of it	RURAL and giv township
		OOMID HOPEL	IID MODDIC	Yrs.	o. STREET ADDR		l, give location)	
		stay in Baltimore	Life	Mos. Days			nument S		er 11 Under 24 Hous
	SEX	6. COLOR OR RACE		DIVORCED (Specify)	8. DATE OF BIRT		last birthday) 19 Mon	Months Da	Hours Min
10		Colored CCUPATION (Givekinder		BUSINESS OR	Dec6-19		-	12. CIT	TIZEN OF
wor]	done during most	of working life, even if retired)	None	INDUSTRY	Baltime	ore		U.S	A.
13	. FATHER'S	NAME			14. MOTHER'S M.	AIDEN NAME			
15		n Tucas	FORCES? 16	S, SOCIAL	Viola 17. INFORMANT	Farri	.8	ADDRES	
(Ye	s, no or unkoown)	(If yes, give war or date	s of service)	SECURITY NO.	Edwin Luc	88 1607	Broads	ADDRESS	3
	18. E 91	2.0		CAUSE	OF DEATH	ae 1001	DIOGU	INT	ERVAL BETWEE
	1	SE OR CONDITION	DIRECTLY					ONS	SET ANO OEAT
	(This does not mean the mode of dying, e.g., (A) Aspiration of vomitus								
1.	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
P	ANTECEDENT CAUSES Subdural and subarachnoid hemorrhage								
HON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE ABOVE CAUSE (A) STATING THE								
	UNDERLYING CONDITION LAST. (c) Cerebral injury								
RTIFICA		11	TIONS SON						
ERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				••••		
C	STREET, SQUARE, SQUARE	A STATE OF THE STA	The state of the s	NDINGS OF OPER	RATION			20	O. AUTOPSY?
AL	O1. EVIED	NAL CAUSE WAS	21B PLACE	OF INJURY (e.g., i	n or 21c. WHERE	DID (If in	Baltimore Ci	ty, give exa	ct location)
DIC	UNDERLYIN	G OR CONTRIB.	about home, farm,	factory, street, office bldg.,	etc.) INJURY OCCI	Monumen	t St.	5	11
N E	210. TIME	(Month) (Day) (Year)	1 *	INJURY OCCURR	ED 21F. HOW DI				
	FINJURY July 2	0, 1952 1:05	P.m. WHIL	E AT NOT WHILE AT WORK	Fell from	om bed t			
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry								
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the da and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, undet							the day], undeter	mined 🖾.
	23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER						MINER	July	
	4A. BURIAL.		240		RY OR CREMATORY		ATION (City, to		
	ON, REMOVAL (7/26/19	252 N	t Calvery		Brook	klyn Md		
D	ATE RECEIVE	TRAR REGISTRAR	SSIGNATURE		25 MINERAL DI	RECTOR	124.1	ADDR	Front
	UL 261	952 Munter	glow Ned	haus-, Ny.	ung	Will	20707		- AL
V	S 151	1854.2	U	And State					6



BALTIMORE CITY HEALTH DEPARTMENT

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Regist		NT
Regist	erea	NO

7050

CERTIFICATE OF DEATH

1. (T	NAME OF D		car Mil	ler		2. DATE OF DEATH July	25 7050		
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or					Minn.				
HOSPITAL OR USPHS Hospital location)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
		Baltimore 1	L, Md.		Duluth				
L				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
		tay in Baltimore		- Days	1510 West 1st	Lo Ace de mand M	Under 1 Very L III II . 4 - 0 A III		
5.	SEX		WIDOW	E. MARRIED.		9. AGE (In years Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.		
10	Male	White CUPATION (Give kind of		of Business or	Sept. 3,1904	4(10 61717511 65		
work	done during most	of working life, even if retired)		INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?		
12	Seaman FATHER'S	NAME	Seai	aring	Minn.		USA		
.3		l Miller							
15			FORGES		Karen Ringe				
			of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
X	BS	WW II	^		Records - USF	HS Hospital,			
	18. /6	1,X 1		CAUSE	OF DEATH		ONSET AND DEATH		
		SE OR CONDITION LEADING TO DEAT	TH	Case	Ada da . d .		6 mac		
	(This does heart failu	not mean the mode oure, asthenia, etc. It mea	f dying, e. s	e.		*************************************	4 MO2		
	injury or	complication which c	aused death	.) DUE TO (Epide	ermoid carcinoma	(squanous cel			
		ANTECEDENT CAUSES larynx with metastasis.							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
CA	ONDENE	TING CONDITION EX	31.	(C)		***************************************	***************************************		
RTIFICATION		II -							
R	OTHER S	IGNIFICANT CONDI	TIONS CON	4-					
CE		TO THE DEATH, BUT							
7			0	FINDINGS OF OPER	ATION		20. AUTOPSY?		
CA		-52		mous cel	CAYCINOL or 21c, WHERE DID (I	f in Baltimore City, g	YES NO		
MEDICAL		R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	to) INJURY OCCUR?	I in Baitimore City, g	give exact location)		
	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
	INSORT		m.	WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from July 19 , 19 52 to July 25 , 19 52 the									
	9.24 that I last saw the n the date stated above.								
	23A. SIONA		. 01		3B. ADDRESS		23c. DATE SIGNED		
	04-1	ishe 1 m	1-0		US PHS Hospital,				
TION, REMOVAL (Specify)					RY OR CREMATORY 24D. LO	OCATION (City, town,	or county) (State)		
	Bur	rial 7-29-	52	Park Hillo		luth Minn.			
D.	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	15	25. FUNERAL DIRECTOR	0EAZ TI	ADDRESS		
	JUL 26	1954 Tunt	ington	Walisus- My	Howard H. Hubbs	ard 2000 Ec	unonason Ave		
	VS 150		4	172 0	u^				
1				6/3 3	J				

See query answer in Document File 52-7050

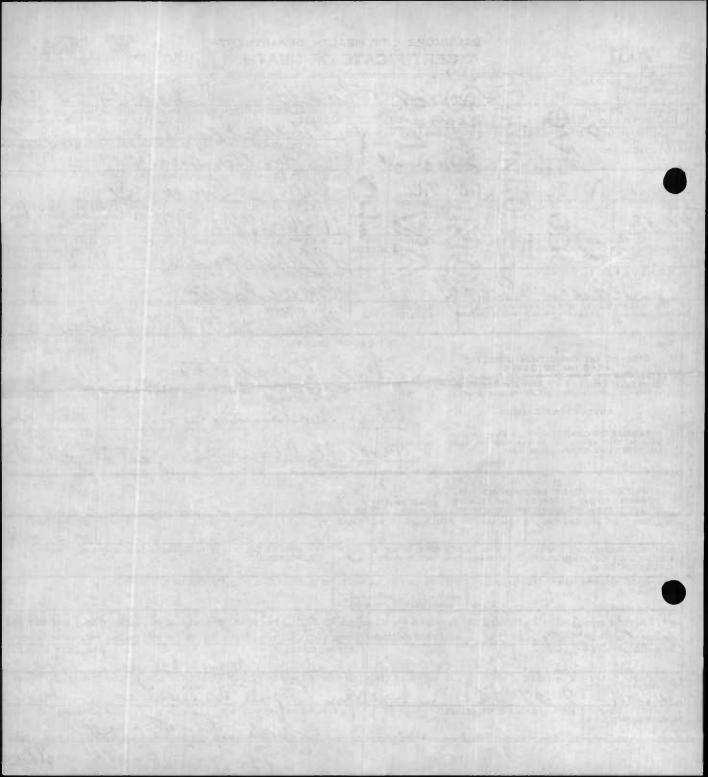
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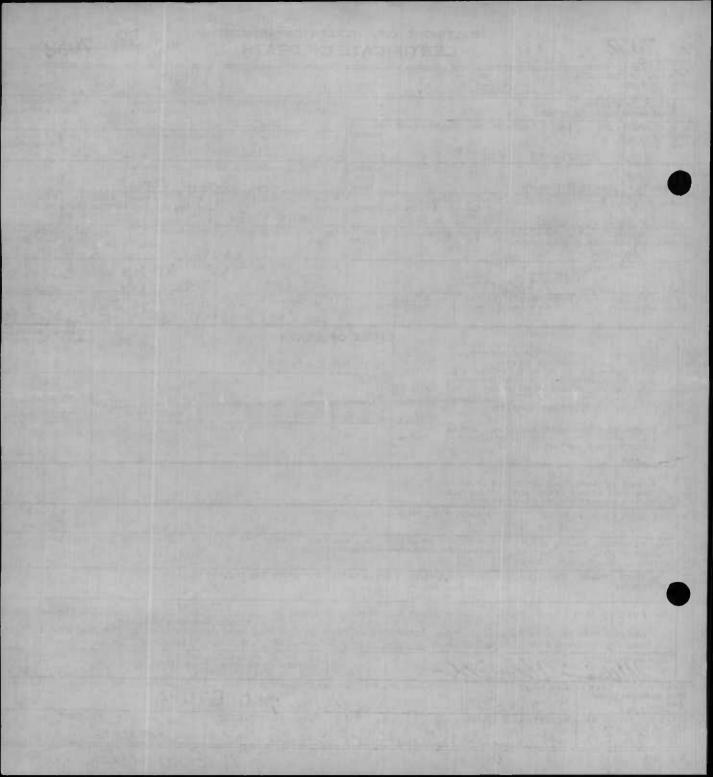
11 4	2 00				
) / B	7051 RTH NO.	BALTIMORE CITY HE CERTIFICATI		Registered No.	7051
	NAME OF DECEASED ype or Print)	Pour de	Rueld	2. DATE OF DEATH Vuly	22-52
Α.	PLACE OF DEATH: Baltimore City, Maryland	alternore	4. USUAL RESIDENCE (W.		tution: residence before admission)
H	FULL NAME OF (If not in hospital or DSPITAL OR ISTITUTION	institution, give street address or location)	c. CITY OPETOWN (if	outside corporate imits wr	ite RURAL and give township)
1	8460.0	hearp of	D. STREET ADDRESS (If r	uraf give location)	
	Bength of stay in Baltimore	SINGLE MARRIED.	846 S. S	harp S	1 Year If Under 24 Hours
1	Male Col.	WIDOWED, DIVORCED (Specify)	11-16-1884	last birthday) Months	
10 wor	A. USUAL OCCUPATION (Give kind of 10 sk done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	MAKING (State or for		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	-//	14. MOTHER'S MAIDEN NA	ME	. W. 74
15 (Ve	i. WAS DECEASED EVER IN U. S. ARMED FOR s, no or unknown) (If yes, give wer or dates of se	RCES? 16. SOCIAL STATE 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	E96
			anne Bate	s 846 S.S.	Karp St
	DISEASE OR CONDITION DIRI	1 - 1 /	D D A		ONSET ANO DEATH
	(This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause	e disease,	t prospe	llos	laay.
	ANTECEDENT CAUSES	Cha.	maluta	tion	mkum
TION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA		. 0 0 .	0	
1	UNDERLYING CONDITION LAST.	(c) 1-02	ubly Carcino	no of Intest	ind had
CERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE CEATH, BUT NOT TO THE CISEASE OR CONDITION CAU	RELATED MOVE			
L		MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about	1B. PLACE OF INJURY (e. g., in out bome, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If	in Baltimore City, give	
2	o. TIME (Month) (Day) (Year) (Houseless INJURY	WHILE AT NOT WHALE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attend	ed the deceased from	ly 19, 15 2 to h	ely 22, 195, th	at I last saw the
	deceased alive officely 21, 19		rrel at 5:00 Am., from th	e eduses and on the d	ate stated above.
2	Koline V. K	24C. NAME OF CEMETE	525 S. HA	CATION (City, Jown, or co	7/24/52
FI	A BURIAL CREMA 248. DATE REMOVAL (Sneeity) 7-27-0	2 5+ 10	no Sem De	Evert co	mol
D	ATE RECEIVED BY REGISTRAR'S SI	GNATURE	25. FUNERAL DIRECTOR	I. Topsol	DRESS

512 n Earrollton Drz

VS 150 N - 981 Y



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE OF (Type or Print) MICHAEL BOSWELL July DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RULAL and give INSTITUTION township) Baltimore Provident Hospital D. STREET ADDRESS (If rural, give location) Mos. 2544 McCulloh Street ength of stay in Baltimore Davs 9. AGE (In years If Under I Year | If Under 24 Hours last birthday) Months: Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 4ingle Male Colored 1 | BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) work dooe during most of working life, even if retired) INDUSTRY rone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL IMPORMANT (Yes, no or uoknown) SECURITY NO CAUSE OF DEATH 355X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral atrophy (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Mik You injury or complication which caused death.) ANTECEDENT CAUSES Dehydration DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK Autopsy thereon and from 22. I certify that I took charge of the remains described above, held an. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{N}\), accident \(\mathbb{D}\), suicide \(\mathbb{D}\), homicide \(\mathbb{D}\), undetermined \(\mathbb{D}\). 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR .. 24D. LOCATION (City, town, or county) 4c. NAME OF CEMETERY OR CREMATORY (State) 24A. BURIAL. CREMA-248. DATE TION. REMOVAL (Specify) ADDRESS DATE RECEIVED BY 25. FUNERAL S SIGNATURE LOCAL REGISTRAR 151



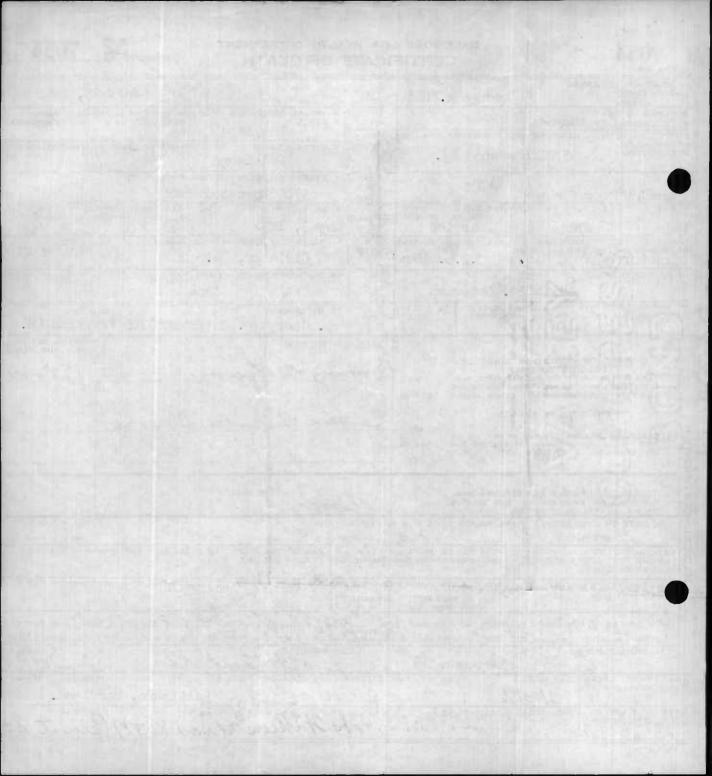
C	00	O	ERTIFIC	ATT CORRECT D	8/26/52 - FS			
) (BI	AB=1613	31-5035		TIMORE CITY HE	EALTH DEPARTMENT	Registered	52 No	7053
1.	NAME OF Di	ECEASED Elai:	ne Key			2. DATE OF DEATH	23-19	52
A.		ity, Maryland	l or institut	On give street address or	4. USUAL RESIDENCE (\) A. STATE Maryland	Where deceased lived, B. COUNTY		n : residence efore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals 4940 Eastern Ave.						f outside cor orace lim	nits, write R	URAL and give township)
2	ngth of st	tay in Baltimore	Life	Yrs. Mos. Days	1223 E. Bi			wayna b
5.	F	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 5,1951	9. AGE (in years last birthday)		
1C worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10s. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)		IZEN OF AT COUNTRY?
13	. FATHER'S N	Birven 1	Key		14. MOTHER'S MAIDEN N Juanita Becke			
15 (Ye	. WAS DECEASE a, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANILtimor Records: 4940 Ea	e City Hospi	ADDRESS	
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) Dehydration—vomiting—etfology unknown DUE TO Rupture of emissary veins on the right side of midline shull							er and death days over)
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	CHIEF OR ASST. MEDICAL	EXAMINER.				
	19A. DATE O	F OPERATION 1	ATION			AUTOPSY?		
MEDICAL								
		ive on 7-23-	ended the , 1952	deceased from and that death occur	7-23- , 1952, to 7- red at 11.40RM from 1 38. ADDRESS 40 Eastern Ave.,	the causes and on	the date	last saw the stated above. DATE SIGNED 1952
TIC	4A. BURIAL, CON, REMOVAL (S	pecity July 2	6/52	24c. NAME OF CEMETE	S	MITTELLE	11 -	Va.
Lo	OCAL REGISTI	RAR LA	SIGNATU	Williams, Mg	25 FUNERALL AIRECTOR	Ellert & D.	Luga	ter
	VS 150	4.1	PPROVE	D BY THE MEDIC	AL EXAMINER //	297. Ca	Alu	ist.
	N-81	6.0						

Pile 52-7053 letter from Dr. R. S. Rogers, Asst Supt, Medical Balto. City Hospitals The market The state of the state of the state of

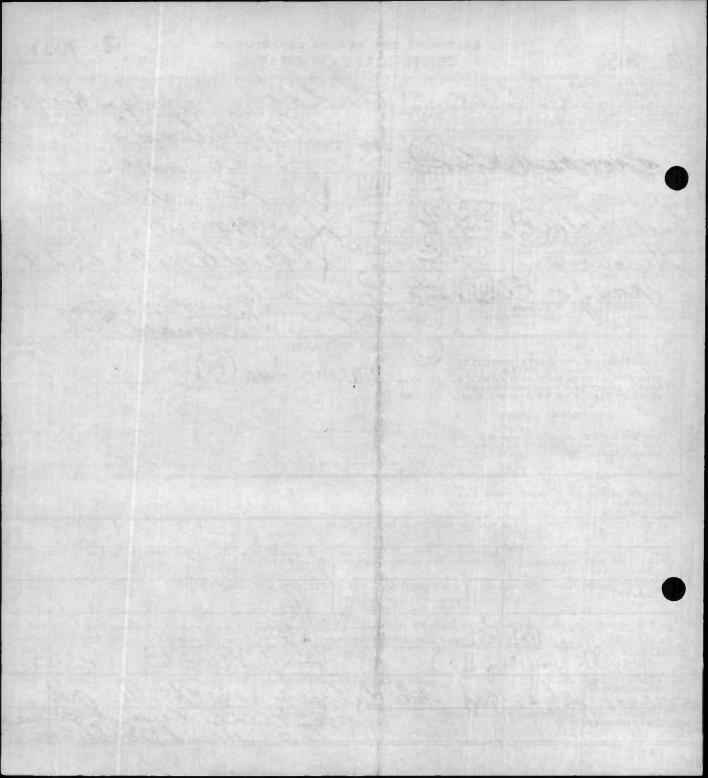
BALTIMORE CITY HEALTH DEPARTMENT

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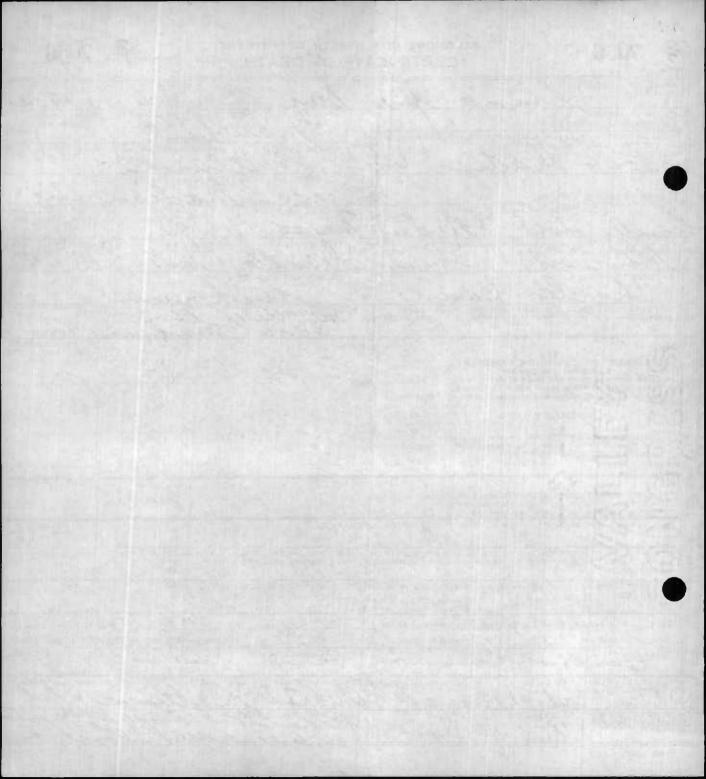
~ D.	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.		
	NAME OF D	ECEASED				L2 DATE			
	ype or Print)		George	A. Osterman		OF Ju	ly 25, 1952		
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, 3	If institution : residence before admission		
-	FULL NAME		al or institut	tion, give street address or	loca francis	B. 0001111	before admission,		
	STITUTION	2005 174		location)	C. CITY OR TOWN (If	outside corporate lim	its, write RURAL and give		
(3.	()	3705 Ed	Semoor	nu.	Baltimore	15	township		
				51 Yrs.	D. STREET ADDRESS (If	rural, give location)			
c.	Length of s	tay in Baltimore		Mos. Days	3705 Edgewood	d Road			
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Ionthis: Days Hours: Min.		
M	ale	White		ried	May 3, 1892	60	Zonina Zonja inoura ini		
10	A. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF		
D	irector	of Food DLV.	O.P	.S. (Gov't)	Richmond, Va	•	WHAT COUNTRY		
-	. FATHER'S				14. MOTHER'S MAIDEN N	AME			
		William J	. Oste	rman	Catherine St	one			
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
(Ye	, no or unknown)	(If yes, give war or dete	s of service)	SECURITY NO.	Mrs. George A. Os				
	10 1/					ociman jioj	INTERVAL BETWEEN		
6	18.420	, / 1		CAUSE	OF DEATH		ONSET AND DEATH		
6	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES Cardiae Varendon Viseare								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
TION	RISE TO T	HE ABOVE CAUSE (A)	STATING TI						
CA.	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************	***************************************			
F									
RTIF	OTHER S	II SIGNIFICANT CONDI	TIONS COL	N. ~					
CE		TO THE DEATH, BUT			one,				
	***			FINDINGS OF OPER	RATION		20. AUTOPSY?		
AL	20	me, o		no ok	extim		YES NO		
EDIC		ENT WAS UNDER-		ACE OF INJURY (e.g., i		If in Baltimore City,	give exact location)		
	CAUSE OF	R CONTRIBUTING DEATH	about home,	ferm, fectory, street, office bldg.,	etc.) INJURY OCCUR?				
Σ	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
K	FINJURY		11-7	WHILE AT NOT WHILE					
	m. WORK AT WORK								
		ny efrtify that I att			19525, 1952 to		12 that I last saw th		
			_, 19_2	and that death occar		he causes and on	the date stated above		
	23A. SIGNA	TURE	8-	1	23B. ADDRESS	011	23c. DATE SIGNED		
2	AA. BURIAL.	CREMA- 24B, DATE	T/n	24C, NAME OF CEMETE	EV OR CREMATORY 240 I	OCATION (City, tow	n, or/county) (State)		
TI	ON, REMOVAL (Specify)	-				1/		
_	Buria	1 1		Cathedral C		Baltimore,			
	ATE RECEIVE		SSIGNATI	77/91: 15 3/13	25 FUNERAL DIRECTOR	E) 1000)	ADDRESS P		
		1952 Thurt	malon	Tellacon, "	V. 11. Wears Ed	Don 8051	1 aluel se		
	OCL	I J J G I							
-	VS 150	13081	0	290	91				



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52 N7055	CERTIFICATE	ALTH DEPARTMENT OF DEATH	Registered N	7055
1. NAME OF DECEASED (Type or Print)	· . Col	ad See.	2. DATE OF	24.10-
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL DISIDENCE (Where deceased lives, if in	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or insti	tution, give street address or location)	C. CITY OR TOWN	f outside corporate limits.	write RUAAL and give
· Moraen (Yrs. Mos.	D. STREET ADDRESS	rural, give location)	111
c. Length of stay in Baltimore 5. SX 6. COLOR OR RACE 7. SING WID	GLE MARKIED.	8. DATE OF BIRTH	9. AGE (In years Mon	inder I Yeer If Under 24 Hours ths: Days Hours Min.
10a. USUAL OCCUPATION (Givekinder) 10B. ISI	ND OF BUSINESS OR	11. BINTHELAGE (State or	63	12. CITIZEN OF
work denoting most of working life, even if retired) 13. FANTOR'S NAME	Amelindustry	14. MOTHER'S MAIDEN M	le, S.C.	W. S. a.
Musgo Clen	rents	Unity		1
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)	? 16. SOCIAL SECURITY NO.	THE SEMANIA	revall-	W.
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A) DiA case, ath.) DUE TO	betic GM2 (?)	INTERVAL BETWEEN ONSET ANO OEATH
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OEATH, BUT NOT REL TO THE OISEASE OR CONDITION CAUSING	ATEO			METATORIS WATER TO ACCUSE TO VARIOUS AND A
	OR FINDINGS OF OPER	ATION		20, AUTOPSY?
LYING OR CONTRIBUTING about ho	PLACE OF INJURY (e. g., iz me, farm, factory, street, office bldg., c		(If in Baltimore City, gi	ve exact location)
P. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJUR	Y OCCUR?	
deceased alive on 1, 124 19	he deceased from	7/2 9 19 , to	the causes and on the	that I last saw the
23A. SIGNATURE	Per) M. O. 2	B. ADDRESS Clent X	tespoted	23c. DATE SIGNED 7/20/52
24A. BURIAL CREMA 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETER	RY OR CREMATORY 240.	OCATION (City, ton), of	r county) (State)
DATE RECEIVED BY REOSTRAR'S SIGNAL REDISTRAR'S SIGNAL REDISTRANGE THE PROPERTY OF THE PROPERTY	Williams Mys.	P5 SUMRAL DIRECTOR	Junes Will St	Con Ou
VS 150				



Registered No. 7056 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE 3. PLACE OF DEATH 4. USAL RESIDENCE A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION township) Yrs. Mos. c. Length of stay in Baltimore AGE (In years | | Under | Year | | Under 24 Hours | Mantha Days | Hours | Min. 7. SINGLE. SINESS OR 12. CITIZEN OF nost of working life, even if retired) INDUSTRY tousewife 44. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, givo war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ... OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or about homo, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW OIG INJURY OCCUR? AT WORK WORK 7-23 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ 19___. to_ deceased alive on 7.23 195 2 and that death occurred at_ P.m., from the eauses and on the date stated above. 23A. SUGNATURE 238. ADDRESS 23c. OATE SIGNEO 230 CREMA 24C. NAME OF CEM VS 150

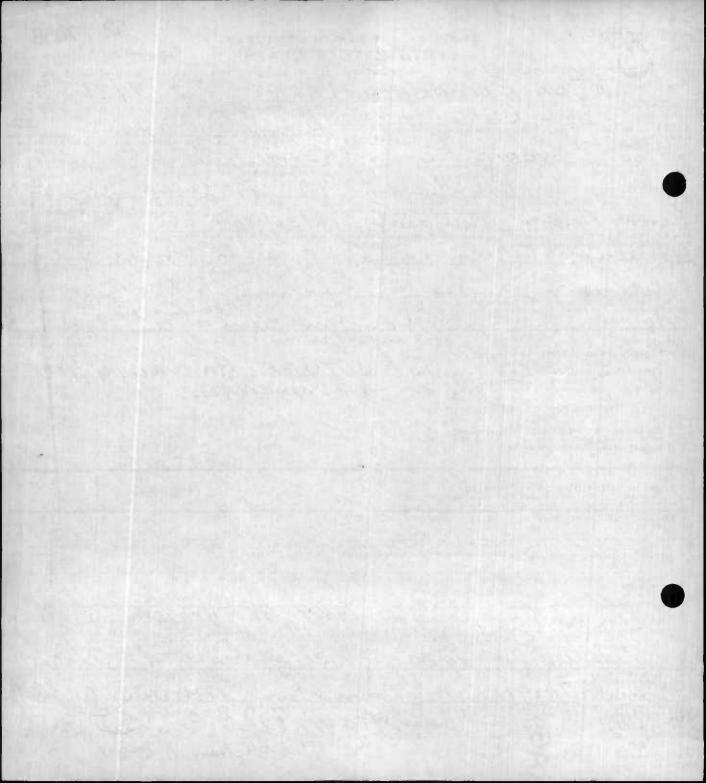


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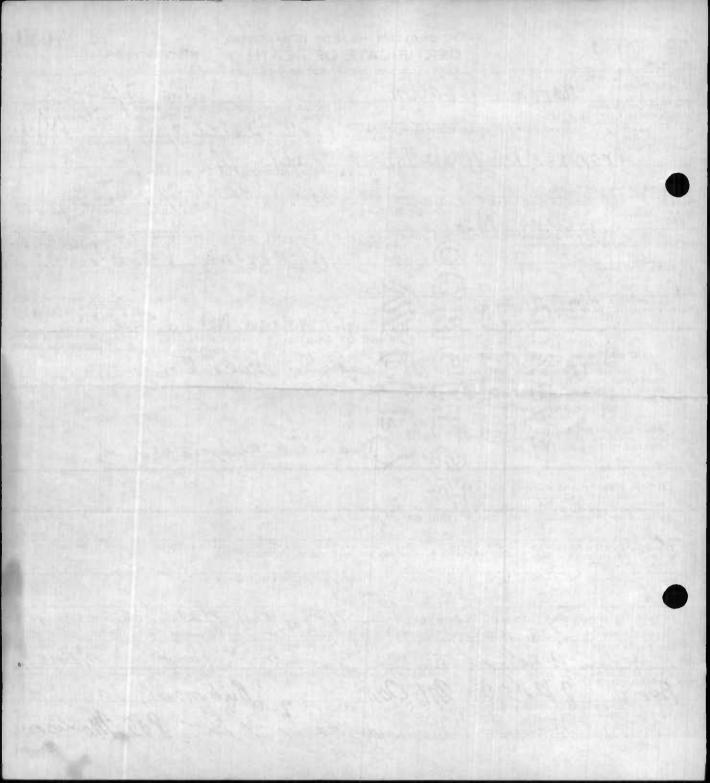
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52 7	058		EALTH DEPARTMENT	52	7058
BIRTH NO.		CERTIFICAT	E OF DEATH	Registered No.	/
1. NAME OF (Type or Prin	ti ADDA	ELIZABETH	PARR	2. DATE OF 7/2	6/52
3. PLACE OF A. Baltimor	e City, Maryland	39LT MORE	4. USUAL RESIDENCE (WHA. STATE		tution : residence before admission)
B. FULL NA!	ME OF (If not in hospits	l or institution, give street address or location)		adam	
INSTITUTIO	- 1 0-11-04		Littlestne	outside corporate limits, wr	township)
chigth c	f stay in Baltimore	1/2 Hears : Mos. Days	D. STREET ADDRESS (If re	ural, give location)	treet
5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Months	
10A. USUAL work done during n	OCCUPATION (Give kind of nost of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY?
13. FATHER	S NAME	aug from	14. MOTHER'S MAIDEN NAI	ma.	U.S.A.
There	Eliam C	rouse	Lauisa /	Glerner	
(Yee, no or unkno	(If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT /00	Croydon ADDR	ESS On The
18.	Ariv	CAUSE	OF DEATH	miller . O.	Dallie 9
DIS	EASE OR CONDITION	DIRECTLY	1		ONSET AND DEATH
heart f	LEADING TO DEAT does not mean the mode of ailure, asthenia, etc. It mean	dying, e. g., (A)		YEURISYMA	7/26/52
injury	or complication which ca		BDOMENAL		
	SES OR CONDITIONS, IF	ANY, GIVING			•••••••
UNDE	O THE ABOVE CAUSE (A) RLYING CONDITION LAS	STATING THE DUE TO ST. (C)			
FICA	in the second				
TRIBUT	R SIGNIFICANT CONDITIONS TO THE DEATH, BUT I	NOT RELATED			
U TO THE	E OF OPERATION 19	CAUSING ITBB. MAJOR FINDINGS OF OPER			20. AUTOPSY?
Y				14 10 00	YES NO
LYING	CIDENT WAS UNDER- OR CONTRIBUTING DF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
21D. TIM	E (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INTRI	XI.	WHITE AT NOT WHITE		/ /	
		m. WHILE AT NOT WHILE AT WORK	10/9 40 2	146/04	
22. I her	rehu certifu that I atl	m. WORK AT WORK	1949 1990 71	y 6 CV, 19 , th	at I last saw the
22. I her	reby certify that I atlant latters on 7/26/57	m. work AT WORK ended the deceased from / 1952, and that death occur	1949 1990 71	e causes and on the d	at I last saw the ate stated above.
22. I her deceased	reby certify that I atland I alive on 7/26/57	m. work AT WORK ended the deceased from 1952, and that death occur M. O.	rred at 12 m., from the 138. ADDRESS for a	e causes and on the de	ate stated above.
22. I her deceased 23A. SIGI	reby certify that I atland I alive on 7/26/57	m. work AT WORK ended the deceased from / 1952, and that death occur	rred at 12 m., from the 138. ADDRESS for a	e causes and on the d	ate stated above.
22. I her deceased 23A. SIGI	reby certify that I atland alive on 7/26/51 NATURE L. CREMA-1 24B. DATE	m. work AT WORK ended the deceased from 1952, and that death occur M. O.	rred at 12 m., from the 138. ADDRESS for a	e causes and on the de	ate stated above.
22. I her deceased 23A. SIGI	reby certify that I atland alive on 7/26/51 NATURE L. CREMA-1 24B. DATE	m. work AT WORK ended the deceased from 1952, and that death occur M. O.	THE ANDRESS AND THE COMMENT OF A LOCAL COMMENT OF A	e causes and on the de	ate stated above.

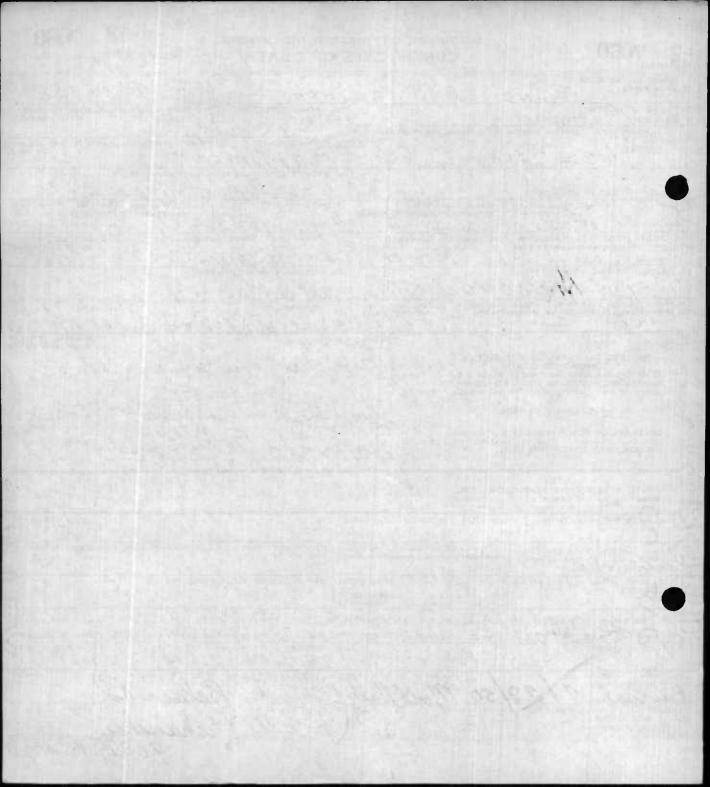


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	INTITIONIE	OF DEATH		
1. NAME OF DECEASED Aron Br	oun		2. DATE OF DEATH	2452
A. Baltimore City, Maryland	4	USUAL RESIDENCE	Where deceased lives. I	institution; residence before advission)
B. FULL NAME OF (If not in hospital or institution,	give street address or	17/2/291	-CLav.	177 /V Or
INSTITUTION PLANTS TO THE TOTAL TOTA	location)	CITY OR TOWN (I	f outside corporate limit	ts/write RURAL and give
Trovisen/ Mos	pijal -	Dallo. /1	101:	7-02
and the of stay in Reltimens	Mos.	STREET ADDRESS (II	rural, give location)	Ct.
5. SEX 6. COLOR OR RACE 7. SINGLE, M.	Days 8	DATE OF BIRTH	9. AGE In years	If Winder 1 Year If Under 24 Hours
M Negro Willowed.	DIVORCED (Specify)			onths Days Hours Min.
10A. USUAL OCCUPATION (Girekindel 10B. KIND OF	BUSINESS OR 1	1. BIRIHPLACE (State or i	foreign country),	12. CITIZEN OF
work dooe during most of working life, even if retired)	INDUSTRY	Kich man	al VX	WHAT COUNTRY?
13. FATHER'S NAME	14	4. MOTHER'S MAIDEN N	IAME	0.0.77
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoown) (If yes, give war or dates of service)	SOCIAL 1	7. INFORMANT	A	DDRESS 11
	SECURITY NO.	Dr Nalhan A	Jeedle 6008	Park Heghis
18. 260 X	CAUSE OF	DEATH	TO MORE AT	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	n # 1.	n-A-	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	(A) Deal	seles mel	lelua	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
ANTECEDENT CAUSES				Mary Mary
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		•••••	
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO	01.	1	
UNDERLYING CONDITION LAST.	(c) Dea	betie aus	ocea + Com	a
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FIN	NDINGS OF OPERAT	ION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE	OF INJURY (e. g., io or	21c. WHERE DID (If in Baltimore City,	YES NO
U 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, f	actory, street, office bldg., etc.)	INJURY OCCUR?	ii iii baitimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
INJURY				
m. wor		7/24 .002.	7/20 00	3
22. I hereby certify that I attended the dec deceased alive on 724 1952 and	that death occurred	1952 to		2that I last saw the
23A. SIGNATURE		ADDRESS A	the causes and on t	he date stated above.
John H. Holmes	11L M.D. E	rovidant	Hogo.	7/26/52
24A. BURIAL, CREMA- TION, BEMOVAL (Specify) 24B. DATE 24C.	NAME OF CEMETERY	OR CREMATORY 24D. L	OCATION (City, town	or county) / (State)
Burial 12852 1	Mr. Oak.	Die	hanond !	Va
DATE RECEIVED BY REGISTRAR'S SIGNATURE	1 2	FUNERAL DIRECTOR	De a	ADDRESS .
JUL 27 1952 Huntington W	4:	harles K. H	au 802	Madeson
	PHODE WATER BOOK			

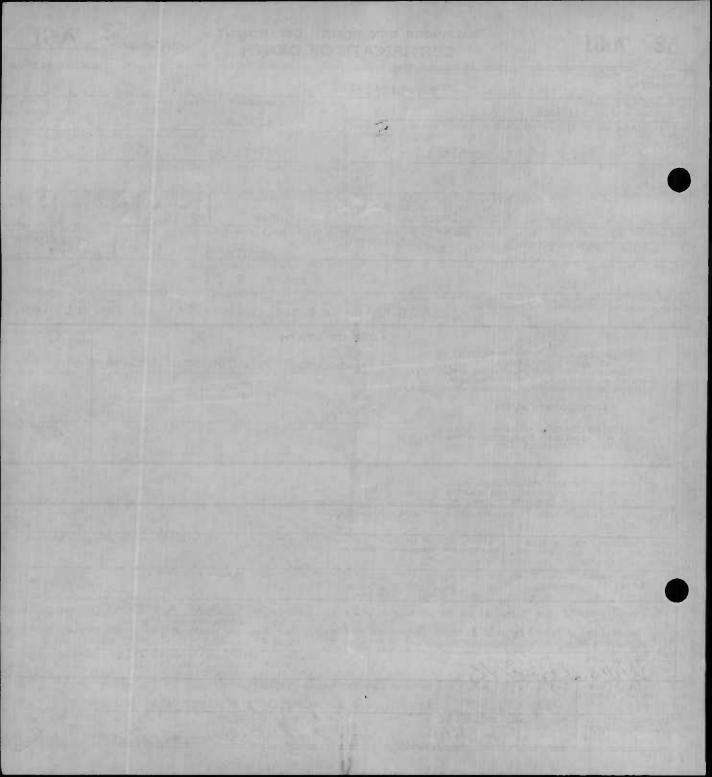


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BALTIMORE CITY HEALTH DEPARTMENT 52	7060
SERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) FRANCIS A. Kuchinsky 2. DATE OF DEATH 7/2	4/52
S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. CITY OR TOWN (If outside corporate limits, w	
622 WAS HINGTON SLIVE BALTIMORE 22 Yrs. D. STREET ADDRESS (If rural give location)	-6 Liownship)
ngth of stay in Baltimore 42 Mos. 622 WRShing 10 N	BLVA
	or I Year H Under 24 Hours Hours Min.
40A. USUAL OCCUPATION (Givekindof) 10g. KIND OF BUSINESS OR vork deneduring most of working life, even if retired) / INDUSTRY 11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
13. FATHER'S NAME 11 14. MOTHER'S MAIDEN NAME	0017-
VINCENT MEMONOVICH. UNKNOWN.	
15. WAS DECEASED EVER (N U. 9. ARMED FORCES? (Yes, no dynamown) (If you give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 2/8-03-238/A VINE FNI- N U. 6 INSKU (2)2/	W RS/ Blode
18. 16 TX I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	1.6-12 mo
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	_
Z ANTECEDENT CAUSES (B) Generalized anterisclesis	5-8 %.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO A PROPERTY VINC CONDITION LAST	13.5%
U C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
21a ACCIDENT WAS LINDED 21b. PLACE OF INJURY (e.g., in or 1, 21c. WHERE DID (if in Baltimore City, give	YES NO
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING Nabout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (if in Baltimore City, give line) INJURY OCCUR?	e exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from June 2 1952, to July 2 4 , 1952	hat I last saw the
deceased alive on 4, 1952, and that death occurred ato 10 Am., from the causes and on the	date stated above.
28 A SIGNATURE COUNTY M.D. 642 WORLD I	7-25-52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24G. LOCATION (City, town of TIDE, REMOVAL (Specify)	Junty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE A FUNERAL DIRECTOR A	DDRESS
JUL 27 1952 Tuntington Williams MP has. W. Tachauskas	
VS 150 703M	congs



.51					F-0			
52 7061				EALTH DEPARTMENT	Registered No.	7061		
BIRTH NO.			LERIFICATI	E OF DEATH				
1. NAME OF DECEAS (Type or Print)		AAC	Rosensweig		OF July 2	4. 1952		
3. PLACE OF DEATH:				4. USUAL RESIDENCE (W				
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital		location)		outside corporate limits,	vite RURAL and give township)		
St.	. Joseph's	s Hospi		Baltimore		7		
ength of stay in	Baltimore	40 y	Yrs. Mos. Days	D. STREET ADDRESS (If 830 McAle				
	hite		MARRIED, ED, DIVORCED (Specify) VOTCEQ	8. DATE OF BIRTH	9. AGE (In years) If Und last birthday) Month	er i Year if Under 24 Hours is Days Hours Min.		
10A. USUAL OCCUPATION Work done during most of working	TION (Givekind of	Tood S	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME				Roumania	AME			
	own	LE DE		Dorothy ?				
15. WAS DECEASED EVE (Yes, no or unknown) (If)	R IN U.S. ARMED	FORCES?	16. SOCIAL 220-18-8896	17. INFORMANT Mr Samuel Rosena		est Clen RD		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
U 19A. DATE OF OPI	OR CONDITION		FINDINGS OF OPER	RATION		20. AUTOPSY?		
100.00.00	I I					YES NO X		
21A. EXTERNAL COUNTRY ING UNDERLYING CAUSE	OR CONTRIB-		CE OF INJURY (e. g., i rm,factory,street, office bldg.,		f in Baltimore City, give	e exact location)		
21D. TIME (Month) (Day) (Year) (W	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		Y OCCUR?			
the evidence	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER							
24A. BURIAL. CREMA TION, REMOVAL (Specify Eurial	July 27		4C. NAME OF CEMETE		OCATION (City, town, or			
DATE RECEIVED BY	REGISTRAR'S	-		25. HUNERAL DIRECTOR		DDRESS 1126 W 1 North au		

V S 151



5	46						
1	52 70	62			EALTH DEPARTMENT E OF DEATH	Registered No	7062
BI	RTH NO.			A.	E OI DEATH		
	NAME OF D ype or Print)	ECEASED	A F	TILER	2	OF DEATH 7- Z	-5- 52
A.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	stitution: residence before admission)
H	STITUTION	of Thouse	feel	d Ave		outside corporate limits,	write RURAL and give township)
	ngth of s	tay in Baltimore		Yrs. Mos. Days	2201 Proo	rural, give location)	ave
1	SEX	6. COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH		ths Days Hours Min.
10 Wor	A USUAL OC	CUPATION (Give kind of working life oven if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	AME /			14. MOTHER'S MAIDEN NA	AME	
1	rot 10	now			not sellou	ou	
(Yes	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	SECURITY NO.	Henry adder	-3506 Medle	eld Prad
	18. 42	r. 1 and	260 X	CAUSE	OF DEATH	//	INTERVAL BETWEEN
	DISEAS	E OR CONDITION		24	. 0 4.01	. 1	ONSE! AND DEATH
	(This does	not mean the mode of	of dying, e.g.,	(A) arlere	oscleroka Cerdin	macalar Dises	e 1 year
		re, asthenia, etc. It mea complication which o		DUE TO			
		ANTECEDENT CAUS	SES				
LION	DISEASES	OR CONDITIONS, 1	F ANY. GIVING	(8)		***************************************	
ATIC	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
ICA	The Designation of the Land			(C)		***************************************	****
		11			1		
ERTIFI	TRIBUTING	IGNIFICANT CONDI	NOT RELATED	Dialres	to Mellitus		
U		F OPERATION 6 1		FINDINGS OF OPER	PATION		20. AUTOPSY?
A		0					YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., i m, factory, street, office bldg.,		f in Baltimore City, give	ve exact location)
Σ		Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
K	F INJURY			ILE AT WORK		,	
	22. I hereb	y certify that I att	tended the d	eceased from Ac	musy 1101920, to Ju	ly 25 1952	that I last saw the
		ive on luly 25		nd that death occur		he causes and on the	
	23A. SIGNAT	Submits.	hrs	2	5415 Parle Hich	to live.	23c DATE SIGNED
24	A. BURIAL, C	REMA- 248. DATE	0 24	M. D. L		OCATION (City, town, o	
_/	sured	fully 27	19520	inited A	every 1	sulto	my
LC	TE RECEIVED CAL REGIST	RAR HEGISTRAR	s signatur	Maris Me	25, FUNERAL DIRECTOR	ne - dir	address /
	VS 150		0	0.	W		

Gulmith Herger

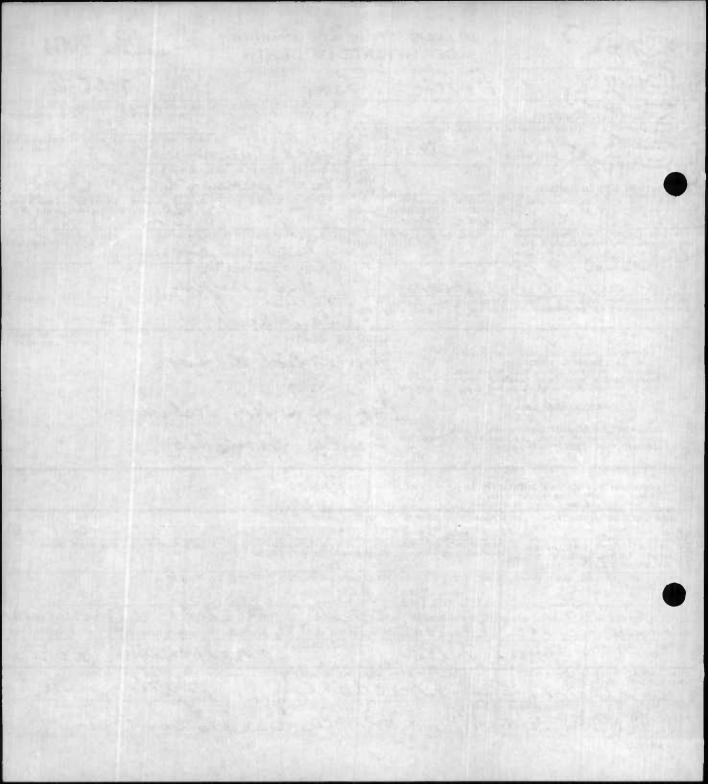
2-4	
	7063

BALTIMORE CITY HEALTH DEPARTMENT

٤	2 100			CERTIFICAT	E OF DEATH	Registered	No.
	RTH NO.						
(T	NAME OF D	SAM	UEL	MICHA	ELSON	2. DATE OF DEATH	26-52
A.		City, Maryland			A. STATE	CE (Where deceased lived, I	f institution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not in Mospi	tal or institut	tion, give street address or	c, CITY/OR TOWN		20
	STITUTION	118 Har	nero	ft Road	Falte	more '	its, write RURAL and give township)
	ngth of s	stay in Baltimore	1	JZ Wrs.	3/18 Has	(If rural, give location)	Road
5.	SEX	6. COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. ACE (in years last birthday)	if Under 1 Year If Under 24 Hours Months: Days Hours : Min.
M	ale	whote		armed		76	
10 worl	done during most	CUPATION (Give kind of working life, even if retired)	10B KINE	OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	RETER'S	land	1900	a rusures		ra	
13	LA A I	LI O			14. MOTHER'S MAID	EN NAME	
15	HUAS DECEAS	ED EVER IN II C ADVE	D FORGSON	1 10 000111	rosie		
CAR	no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	os of service)	16. SOCIAL SECURITY NO.	INFORMANT	mind o.	ADDRESS
<u>U</u>					//www./	Menaess	u . Dame
	18. 4.	rr. 1 1		CAUSE	OF DEATH		ONSET AND OBATH
	DISEAS	SE OR CONDITION LEADING TO DEA			. 0	11 6.	
	(This does	s not mean the mode oure, asthenia, etc. It mes	of dying, e.	E., (A) Certere	onclerates as	des Vasc Duce	4
	injury or	complication which	caused death	1.) OUE TO			
		ANTECEDENT CAUS	SES	6			
Z				(B) Leve	alzeelerde	uyalum	
5	RISE TO T	S OR CONDITIONS, I	STATING TI	NG HE OUE TO	0		
¥	UNDERL	YING CONDITION LA	AST.	(C)		***************************************	***************************************
FIC							
RH	OTHER S	II SIGNIFICANT COND	ITIONS COL	N -			
CEF	TRIBUTING	G TO THE OEATH, BUT	NOT RELATI	EO			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL		0					YES NO
ED	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER-	21B. PL.	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	or 21c. WHERE DID		give exact location)
Σ		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?	
ľ	FINJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	ou certify that I at	tended the	deceased from Ca	ug 0 19NO.1	10 July 26, 19	Sthat I last saw the
'n,				and that death occu-	rred at 4 H m., fr	rom the causes and on	
	23A. SIGNA		10		3B. ADDRESS	. De	23c. DATE/SIGNED
	a _ d	Januel &	selve	M.D.	2320 Zutan	Clase	19/16/5V
24 TI	BURIAL.						1//0/-
	REMOVAL (S	CREMA- 24B DATE		240 NAME OF CEMETE	Y OR CREMATORY 2	40. LOCATION (City, tow	n, or county)/ (State)
1	REMOVAL (S	Specify) 7-27	-12	EMAN STEERS	aroll 2	40. LOCATION (City, tow	n, or county) (State)
6	ATE RECEIVE	7-27-	-√2 's signati	Quar V	AY OR CREMATORY 2 WOLL AS. FUNERAL PIECE	Dalto	ADORESS A
6	MURIAL (S	7-27-	S SIGNATI	Quar V	srael	Dalto	Md

Deliverto Pe

50	0			
5%	71154	EALTH DEPARTMENT	Registered No.	7064
	TH NO.	L OI BEATH		
	NAME OF DECEASED pe or Print) Bessie	Fine	2. DATE OF DEATH 7.2	5.52
A. I	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution : residence before admission)
HO	ULL NAME OF (If not in hospital or institution, give street address or location first total) Lina' Hospital		outside corporate limits, w	rite RURAL and give township)
	mgth of stay in Baltimore Yrs. Mos. Days	Your Marie	rural, give location)	ave
5. 5	<u> </u>	B. DATE OF BIRTH	9 AGE (in years li linde last printhday) Month	or I Year If Under 24 Hours S. Days Hours Min.
10A work	DISUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTR	11. BIRTEP LACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NA	ME	
15. (You,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	1 - Ha	RESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CON-	reasolial das	nafe reclusion sis	ONSET AND DEATH
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION		YES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH		f in Baltimore City, give	exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR TINJURY m. WORK NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK		occur?	
	22. I hereby certify that I attended the deceased from deceased alive on 7.25, 1952, and that death occurrence for Tales, M.D.	urred at 745 m., from th	he causes and on the c	hat I last saw the date stated above 35. DATE SIGNED 7. 25. 52
TIO	BURIAL, CREMA- 19 REMOVAL (Specify) 7-27-52 LE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR	AS. FUNERAL DIRECTOR	6	county) (State)
7	UL 21 1934 17 untinglow Vellealus, My	Your Dens my	1 2100 Qu	naw IN

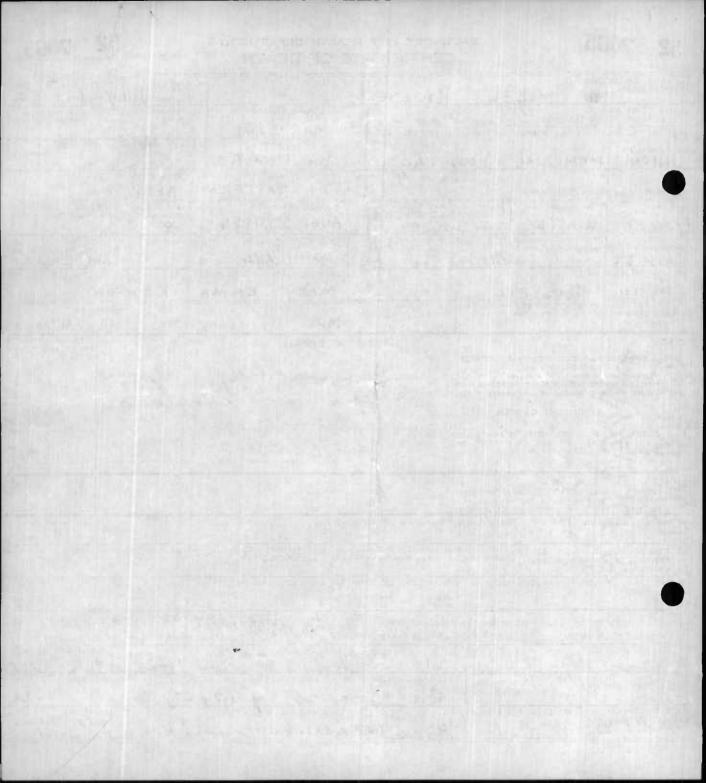


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52	7065
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

legistered	52	7065
Procesed	740	

	DTH NO				CERTIFICAT	E OF DEATH		Registered	No.	000
	NAME OF E	DECEASED								
(T	ype or Print)	MAS. N	MABI	EL	KrUEGEL			OF JUL	y26,	1952
3. A.	Baltimore	DEATH: City. Maryla	nd Uz	2100 7	77emoria?	4. USUAL RESIDENCE	CE (Where	deceased lived, I		residence ore admission)
В.	FULL NAME OSPITAL OR				ion, give street address or location)			de corporate lim	Wa.	
	JNION	MEMOR	141	Has	PITAL	BALTIMO		12	its, write RU.	township)
	101-14	1121107	INL	1103	a Yrs.	D. STREET ADDRESS		give location)	a	
c.		stay in Baltin			Mos. Days	514 EASTE		AVE.	53	-00
	SEX	6. COLOR OR	RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		AGE (In years)	Il Under I Year Jonths: Days	Hours: Min.
	MALE	WhiT		WiD	OWED	AUG. 23, 18,	84	68		
work	done during most	CUPATION (Gi of working life, even	ive kind of if retired)	da.	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign	country)	12. CITIZ	EN OF COUNTRY?
C	ASHIER			Movin	9 Mointe	MARYLAND				CICAN
-	FATHER'S	0				14. MOTHER'S MAIDE		10		
_	DWIN	ED EVER IN U.	SSEL		Lie social		AMA	KENT	DN	
(Yes	, no or unknown)	(If yes, give w	ar or date	e of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
-,	No					Mrs. WILL	-IAM	Pross		STERN AVE
		3×1			CAUSE	OF DEATH				AND DEATH
	DISEA	SE OR COND LEADING TO	ITION	DIRECTLY					. /	
	(This does	s not mean the are, asthenia, etc	mode o	f dving, e. g	(A) Ca	anon	57	sigm	md	
	injury or	complication	which e	aused death.	DUE TO	1	1.0	F- 1		
		ANTECEDENT	CAUS	ES	~~~	2 -	an	relacia	-ce	
Z			HE		(B) LS	live.				
임	RISE TO T	S OR CONDITI	SE (A)	STATING TH	G E DUE TO					
CATION	UNDERL	YING CONDIT	ION LA	ST.	(C)					
			111111111111111111111111111111111111111							***************************************
ERTIF	OTHER S	II	CONDI	TIONS CON						
	TRIBUTING	G TO THE DEAT	H. BUT	NOT RELATE	D					
U		OF OPERATION			FINDINGS OF OPER	ATION			1 20. A	UTOPSY?
AL			2						YES [V NO
EDICAL	LYING O	ENT WAS UN	IDER-		CE OF INJURY (e. g., i		(If in	Baltimore City,	give exact l	location)
Z	CAUSE OF	(Month) (Day)	(37)	(77)	4- 11.11.11.11.11.11.11.11.11.11.11.11.11.					
E.	INJURY	(Month) (Day)	(lear)		21E. INJURY OCCURR		IJURY OCC	CUR7		
				m.	WORK NOT WHILE					
	22. I hereb	y certify tha	t I att	ended the	deceased from July	1 20, 1952, t		26 , 196	, that I le	ast saw the
	deceased a	live on July	26	, 1952,	and that death occur	red at 7:25 Am., fr	om the ea	uses and on	the date st	ated above.
	23M SIGNA	TURE D	4	11	1 3	3B. ADDRESS	7	- //	23c. DA	TE SIGNED
0.4	Les .	er v.	171	ubba	M. D.	unos me	maria	Oltons	a July	26/95
	N REMOVAL (S		DATE	2	24c. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCAT	ION (City, the	n, or county)	(State)
B	Mrian		1-29		isaltin	7.01.00	P40	79		Md
LC	TE RECEIVE	BY REGIS	STRAR'	SSIGNATU	RE 9 W	25. FUNERAL DIRECT	rok	> //	ADDRESS	Belair
_	04 21	1932	estin	gton /	diams- MP?	Lassahn tu	MLTA	(Home	Rel B	
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52 7066 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ada 13. 1300 DEATH 4. USUAL RESIDENCE (Where deccased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 1820 M. Port Days 5. SEX 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years | | Under 1 Year | It Under 24 Hours last birthday) | Months Days | Hours Min. 6. COLOR OR RACE engene 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) 1NDUSTRY WHAT COUNTRY? act plans u.s. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) The Interstitude Vephistis ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS CA YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK Lul 24 , 1952 that I last saw the , 1952 to_ 22. I hereby certify that I attended the deceased from. deceased alive on_ __ 19 C2 and that death occurred at 6 _m., from the causes and on the date stated above.

VS 150

23A. SIGNATURE

DATE RECEIVED BY

(REGISTRAR'S SIGNAT

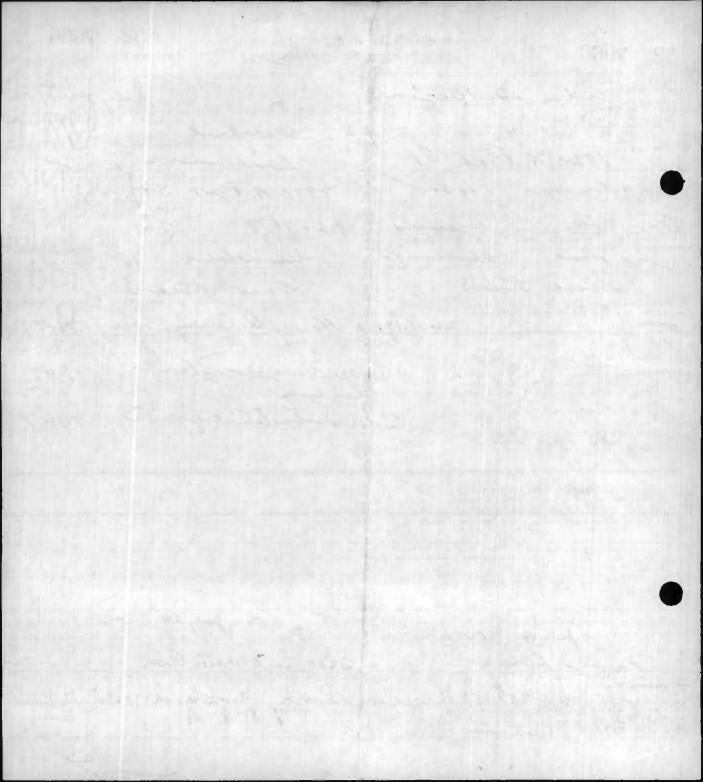
25: FUNERALDIRE

24c. NAME OF CEMETERY OR CREMATOR

23c. DATE SIGNED

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT 7067 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) NAMES SENNINGS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CLIN OR INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. Ma 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY 13. FATHER'S NAME ORCES? 15. WAS DECEASED EVER IN U.S. ARMED Yes, no or uningwn) (If yes, give war or date, 16. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no or unknown) 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
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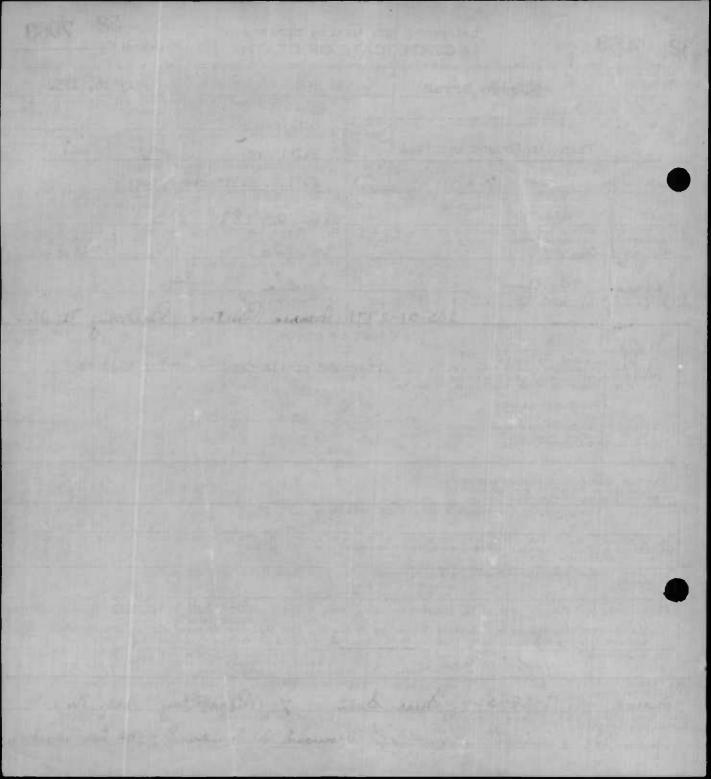
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Length of stay in Baltimore S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. Mos. Days 8. DATE OF BIRTH 9. AGE (In years) Is birthday) Months: Days 10A. USUAL OCCUPATION (Give kind of work of the during most of working life, even if retired) 11. FATHER'S NAME 15. WAS DECEASED EVER IN D. S. ARMED FORCES? 1 16, SOCIAL 15. WAS DECEASED EVER IN D. S. ARMED FORCES? 1 16, SOCIAL	RAL and give township) Il Under 24 Hours Hours Min.					
(Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RU Balts) O. STREET ADDRESS (If rural, give location) Mos. Days Dength of stay in Baltimore 5. SEX C. COLOR OR RACE 7. SINGLE. MARRIED. (Specify) MOSPITAL OR INDUSTRY WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work dighe during most of working life, even if retired) A. USUAL RESIDENCE (Where deceased lived. If institution and street address or location) A. STATE C. CITY OR TOWN (If outside corporate limits, write RU C. CITY OR TOWN (If	RAL and give township					
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injury or complication which caused death.) OUE TO						
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(B) personal ed procus.						
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U TO THE DISEASE OR CONDITION CAUSING IT.						
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. A	AUTOPSY?					
YES	NO					
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact l	location)					
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
WHILE AT NOT WHILE						
m. work AT WORK						
22. I hereby certify that I attended the deceased from 7/23, 1952, to 2/24, 1953, that I lo	ast saw the					
deceased alive on 2/24, 1952, and that death occurred at 2 A m., from the causes and on the date st	ated above					
23a, SIGNATURE						
The S Warred IA	TE SIGNED					
m. E. Paully M.O. Futtern Hospital 24/4	TE SIGNED					
m. E. Paully M.O. Futtern Hospital 24/4	TE SIGNED					
m. E. Paullys M.O. Futtern Hospital 24/4	TE SIGNED					
Dr. S. Paully M.o. Future Hayrel 24 Location (City, town, or equing) 240 BURIAL CREMA! 246 DATE 240 NAME OF CEMETERY OF CREMATORY 240 LOCATION (City, town, or equing) 240 Location (City, town, or equing) 240 Location (City, town, or equing)	(State)					
m. E. Paully M.O. Futtern Hospital 24/4	(State)					
24 BURIAL CREMA 248 DATE 24 NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or equing) PATE REFEIVED BY DEGISTRAR'S SIGNATURE 125 PUNEMAL DIRECTOR ADDRESS	(State)					
BURIAL CREMA: 246 DATE 240 NAME OF CEMETERY OF CREMATORY 246. LOCATION (City, town, or equino) penoval (Specify) My 1/52 Manager Commence of Commence	(State)					
24 BURIAL CREMA: 248 DATE 240 NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or equing) PATE REFEIVED BY DEGISTRAR'S SIGNATURE 125 PUNEMAL DIRECTOR ADDRESS	(State)					

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 26, 1952 BURTON Jesse Bryan 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2031 W. Baltimore Street ength of stay in Baltimore Davs if Under 1 Year 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | fi Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) May 28 1899 53 Male White 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY wark done during must of working life, even if retired) Na 13. FATHER NAME us. 14. MOTHER'S MAIDEN NAME AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yesin or unknown) SECURITY NO (If yes, give war or dates of service) CAUSE OF DEATH SNSET AND DEATH 18 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Arteriosclerotic Cardiovascular Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED H TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION No (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in ar 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about hnme, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE WRILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖾, accident 🖂, suicide 🖂, homicide 🖂, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... 23c. DATE SIGNED MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 24b. LOCATION (City, town, or county) TION, REMOVAL (Specify) gundas SIGNATURE DATE RECEIVED BY 25. FUNERAL LOCAL REGISTRAR



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DIDTH	NO

BALTIMORE CITY HEALTH DEPARTMENT

52 7070

	RTH NO.			CERTIFICATI	E OF DEATH	Registered	1 No
	NAME OF D	ECEASED	-			2. DATE	
	ype or Print)	JOHI	T	HOMAS WHIT	TINGHAM	OF DEATH JU	ily 25, 1952
	PLACE OF D	EATH:			4. USUAL RESIDENCE	Where deceased lived.	If institution : residence
_	FULL NAME	City. Maryland	al or institut	tion, give street address or	A. STATE Maryland	B. COUNTY	before admission
H	SPITAL OR	OF (II hot in hospit	ai or maticul	location)			mits, write RURAL and giv
IN	STITUTION	Lutheran Ho	enital		Baltimor	e /3"	township
7				Yrs.	D. STREET ADDRESS (- 10
	ength of s	stay in Baltimore	2/1 V	ears Mos.	3622 Par	kdale Avenue	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	
	Male	White	Marr	VED, DIVORCED (Specify)	Sept. 16, 1892	59	Months Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
worl	Baker	of working life, even if retired)		aking Co.	England		WHAT COUNTRY
13	. FATHER'S	NAME		1891	14. MOTHER'S MAIDEN	NAME	
	Thomas W	hittingham		1.4	Hannah Burden		
		ED EVER IN U.S. ARME		16. SOCIAL	17. INFORMANT		ADDRESS
(Yo	No or unknown)	(If yes, give war or date	s of service)	215-03-1328	Howard J. Whit	tingham 3622	
	1.1	5 1/2		1			INTERVAL BETWEE
	18. 44.	3 X 1			OF DEATH		ONSET AND DEAT
		SE OR CONDITION LEADING TO DEA	TH	Himari	tensive arterios	elerotic car	dio-
ļ		s not mean the mode ure, asthenia, etc. It me					***************************************
		complication which			ular disease		
		ANTECEDENT CAU	SES				
z	DISEASE	S OR CONDITIONS.	IF ANY GIVI	(B)			
0	RISE TO	THE ABOVE CAUSE (A)	STATING T				
RTIFICATION	UNDERL	TING CONDITION E	A31.	(C)			
101		11					
E		SIGNIFICANT COND					
LI		DISEASE OR CONDITION	CAUSING	IT			
U	19A. DATE	OF OPERATION	9B. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
AL			I ale Di	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baitimore City	y, give exact location)
DIC	UNDERLYIN	NAL CAUSE WAS		farm, factory, street, office bldg.		(21 111 2011111011 011)	, g., c.
F		CAUSE OF DEATH					
2	21b. TIME F INJURY	(Month) (Day) (Year	(Hour)	WHILE AT NOT WHILE		RY OCCUR?	
			m.	WORK AT WORK		. 7 4 1	
	22. I certi	ify that I took cha	rge of the	remains described of	toolog recourant	tial Autopsy	thereon and from
	the ev	idence obtained bu	said Aut	onsy. Inspection or	Inquiry, find that said	, Inspection or Inqui deceased died on	the day stated above
	and de	each in my opinion	resulted	from: natural cause	s 🕅, accident 🔲, suieic	le 🗌, homicide 🗌	, undetermined .
	23A. SIGNA	TURE	DN	/_	23B. CHIEF MEDICAL ASSISTANT MEDICAL		23c. DATE SIGNED
	W	Illian 111	ald		I.D. MEDICAL INVESTIG	ATOR 🔲 I	July 25, 1952 wn, or county) (State)
TI	4A. BURIAL, ON, REMOVAL (CREMA- 24B. DATE		LAC. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, to	wn, or county) (State)
_	Burial	July 28,	1952	Woodlawn		Dtimere Co.,	Maryland
P	ATE RECEIVE	D BY REGISTRAR	SEIGNAT	URE !	25. FUNERAL DIRECTOR		ADDRESS
2	0 1 7 1 13	102 Junting	glon /	discus MP	Burgee Funeral		Falls Road
V	S 151	- 6	,	FON	VU Horace 9.1	Durgee	1
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BALTIMORE CITY HEALTH DEPARTMENT

				CERTIF	ICATI	OF DEATH	Regist	ered No.	7071
_	RTH NO.								
	NAME OF D		Jennie	I. Rodge	ers		2. DATE OF DEATH	July 2	5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDEN	B. COUN		itution: residence before admission	
	FULL NAME				address or location)	Maryl			
	STITUTION	Haven Nur			location)	c. CITY OR TOWN		te limits, w	rite RURAL and give
	20)	4515 Garr	ison Bo	ulevard		Balti		- C	3
	Length of s	tay in Baltimore	80 37	ears	Yrs. Mos. Dnys	D. STREET ADDRESS	6 (If rural, give locat Roland Avenu		b
	SEX	6.COLOR OR RACE	7. SINGLE	, MARRIED,		8. DATE OF BIRTH	9. AGE (ln y	ears If Unde	er i Year If Under 24 Hours
	Female	White	Sing			Oct. 14, 1869	82		s Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB, KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12	. CITIZEN OF WHAT COUNTRY
		at operator	Ret	ired 10 y		Maryland		501 171	USA
13	FATHER'S					14. MOTHER'S MAID	EN NAME		
	Jarrett	N. Rodgers			573	Margretta	Wilson		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		17. INFORMANT	***************************************	ADDI	DESC
(Ye	No or unknown)	(If yes, give war or date	s of service)	SECURIT	TY NO.	Mrs. F. J. Ha	milton 373h		
	18. 1.10			6	ALICE (OF DEATH	TILLE CONT JUJA	, MOLEUI	INTERVAL BETWEEN
	7/	O X I			AUSE	DEATH			ONSET AND DEATH
		SE OR CONDITION LEADING TO DEAT	гн		1	John a		1	200
	(This does heart failt	not mean the mode one, asthenia, etc. It mea	f dying, e.g	e. (A)			Kalana and	mile and a second	
	injury or	complication which	aused death.	.) DUE TO					
	ANTECEDENT CAUSES								
Z						***************************************		*****************	
0		S OR CONDITIONS, I							
AT		YING CONDITION LA		(C)					
ERTIFICATION				(0)					
E		11							
111		GIGNIFICANT CONDI							
Ü	TO THE D	ISEASE OR CONDITION							
	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS C	OF OPER	RATION			20. AUTOPSY?
A			,						YES NO
EDICAL		R CONTRIBUTING DEATH		ACE OF INJUR arm, factory, street,				City, give	exact location)
Σ		(Month) (Day) (Year)	(Hour)	2 IE. INJURY	OCCURR	ED 21F. HOW DID II	NJURY OCCUR?		
L	F INJURY				NOT WHILE				
			m.	WORK	AT WORK		9.00	-	
	22. I heret	y certify that I at				A. 1951,	to Releg 25	., 19.52, t	hat I last saw th
	deceased a	live on the Zef	_, 19_52	and that dea	th occur	red at 3 H. m., f	ron the causes an	d on the c	date stated above
	23A. SIGNA	TURE	0		2	3B ADDRESS	22 C	2	3c. DATE SIGNED
	10	uleen NO	ADME	~	M. D.	846 W. 3	61- 54.		7-25-52
2 TI	AA. BURIAL.	CREMA- 248. DATE Specify)	1	24c. NAME of	CEMETE	RY OR CREMATORY	24b. LOCATION (Cit		
	Buria		. 1952	Rine G	rowe		Baltimore C	0., Ma	ryland
	ATE RECEIVE		SSIGNATU	RE W	6.7	25. FUNERAL PREC	TOR O	AI	DDRESS
	11 27 10	52 11 4:	+ 111	u -	1452	Burgee Funer	al Home 363	l Fall	s Road
#	VS 150	Hunting	don 1/1	tulus,	1	Horace F.	Durgee		
1		0				7100000	/		

this median harismen AND EXCEPTION OF PERSONS AND ADDRESS OF THE PERSON. 52 .7072

JACOBS BALTIMORE CITY HEALTH DEPARTMENT

Registered No 7072

BIRTH NO.	CERTIFICATI	E OF DEATH	registereu i	.10		
1. NAME OF DECEASED William (Type or Print)	Jacobs		2. DATE 2. OF DEATH	4 July 1152		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)		4. USUAL RESIDENCE (WA. STATE	here deceased lived. If	institution: residence before admission)		
HOSPITAL OR INSTITUTION Little Sisters of	location)	Bath	limou	ts, write RURAL and give ownship)		
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If r	rural, give location)	,		
5. SEX 6. COLOR OR RACE 7. SING	Days LE. MARRIED. WED. DIVORGED (Specify)	8. DATE OF BIRTH		If Under 1 Year H Under 24 Hours onths Days Hours Min.		
	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
Harry Jacol	T	- 6 Lava				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Little Sister	. g Hest	DDRESS		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused death	(A) (A)	eronic Myaci leno Sales	ardilis rosis	INTERVAL BETWEEN ONSET AND DEATH 2 JG 5 YG		
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING					
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED					
N C	R FINDINGS OF OPER			20. AUTOPSY?		
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location in the property of the pro						
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased alive on Wey 20, 1950	and that death becur		//	2, that I last saw the he date stated above.		
23A. SIGNATURE / C. Gully	tall M.D.	3B. ADDRESS EN ON	th ave	July 24-32		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Durial		Leemes ? N	Gallamor	•		
DATE RECEIVED BY REGISTAR'S SIGNAT JUL 2/1952 + untington	Williams, M.J.	Ria Wude	Ell goot	Beddle St		
VS 150	-			•		

BALTIMORE CITY HEALTH DEPARTMENT

52 7073 Registered No.

BI	RTH NO.			OLIVIII IOATI	L OF BEATT		
1. (T)	NAME OF Divpe or Print)	& Lates	12-	egel		2. DATE OF DEATH	4 July 1952
	PLACE OF DI Baltimore C	EATH: City, Maryland	2 50 1	Selen st	4. USUAL RESIDENCE (W	here deceased lived, I	f institution: residence before admission)
В.	FULL NAME			ion, give street address or location)	c. CITY OR TOWN (If		its, write RURAL and give
	STITUTION	4-111. 1	1-	a Harry	Bab	Justine corporate in	township)
7		The second	0/4/3	Yrs.	D. STREET ADDRESS (If	rural, give location)	70.0
		tay in Baltimore	0	Mos. Days	1200	Valley S	it
	SEX _ al	6.COLOR OR RACE	7. SINGLE WIDOW	E. MARKIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In fears last birthday) M	If Under 1 Year If Under 24 Hours on this Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	O OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
work	done during most o	f working life, even if retired)	TALK	INDUSTRY	Bellinou L	- 6	WHAT COUNTRY?
13	FATHER'S	IAME	,		14. MOTHER'S MAIDEN NA	AME	
	> ok	- K+	-gel		6 avolinia h	mick	
(Yes	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 the P	ADDRESS
1	10 . /	1 1			Little Sider	, A MUS V	[INTERVAL BETWEEN
	/	E OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	z., (A)	nural sile	noses	3 yrs
	heart failui	re, asthenia, etc. It mea complication which	ins the diseas	e,			***************************************
		ANTECEDENT CAUS		(5	The Calle	101:	5-111
ZO				(В)	neno sce	iosis	Jus -
일	RISE TO TI	OR CONDITIONS, IN HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH	HE DUE TO			
CA	UNDERLI	ING CONDITION LA	ST.	(C)		***************************************	
H		11					
ERT	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	.D			
Ü	TO THE DI	SEASE OR CONDITION	CAUSING 1	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City,	give exact location)
Σ	P. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INSURT		m.	WHILE AT NOT WHILE		4	
	22. I hereb	y certify that I att	tended the	deceased from	124-1953 to	uly 24, 195	2, that I last saw the
	deceased al	ive on July 20		and that death occur		he chuses and on	the date stated above.
	23A. SIGNAT	6. 4	ill H	all Mam. D.	38. ADDRESS 16 Nan	te ave	July 24-32-
TIC	N. REMOVAL (S	REMA- 24B. DATE peeify)	-1-	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town	n, or eounty) (State)
	TE RECEIVE	D BY REGISTRAR	1/52	Mr. Carm	25. FUNERAL DIRECTOR	Elimore	ADDRESS
JÜ	CA27995	PAR Huntin	ston /	Miaus, M.J.	Rita Wiedel	ild 900 6. (BeddleSt
	VS 150	7		-	1		

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BALTIMORE CITY HEALTH DEPARTMENT

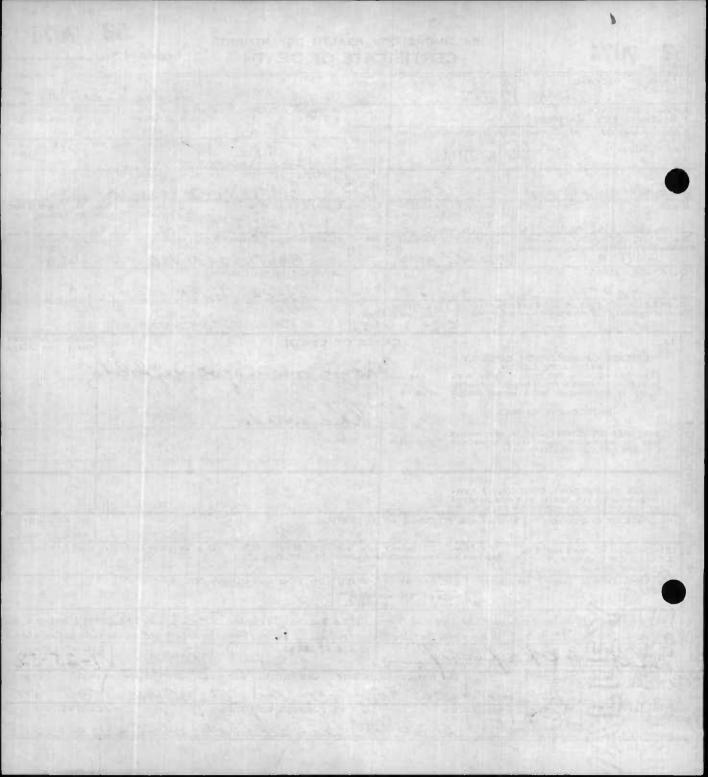
SE TOTA

CERTIFICATE OF DEATH

Registered No...

52 7074

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF menh DEATH CANAL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If distitution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL umane Yrs. D. STREET ADDRESS (If rural, give location) LIFE Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED.
WIDOWED: DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) If Under I Year last birthday) Months! Days Hours! Min. manned 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? LABOR BALTIMORE MO U.51 13. FATHER'S NAME AUTO BIDY MARTIN BUTRIMOVITCH. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. JOHNS HOPKINS 216-10-4138 INTERVAL BETWEEN 240 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 7-15 , 1952 to 7-23, 1952 that I last saw the deceased alive on 7-23, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240 NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY JULY 281952 NOLY REDEEMER CEM. 4430 BELAIR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1800E LONBARD ST



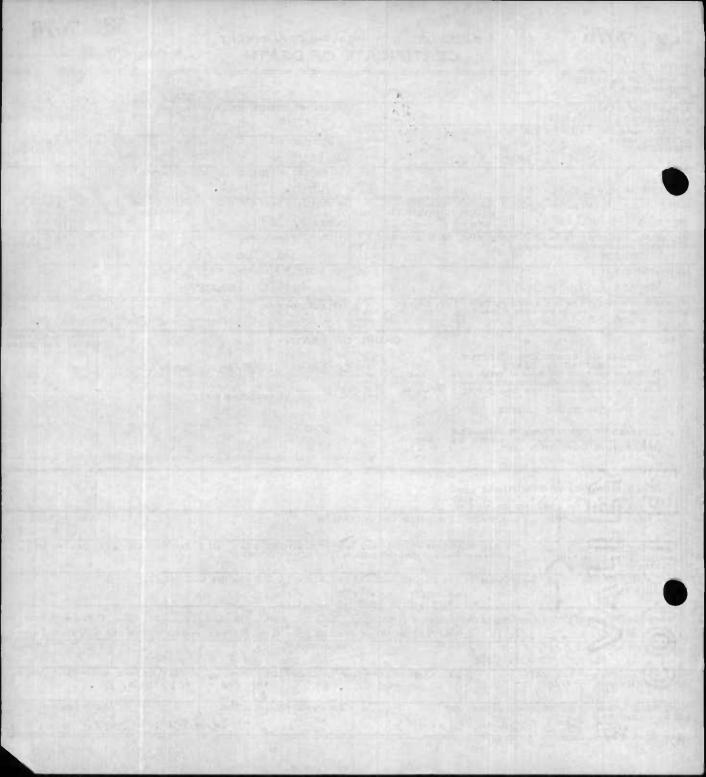
Pathological note in Document File 52-7075 9/10/52 ES

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

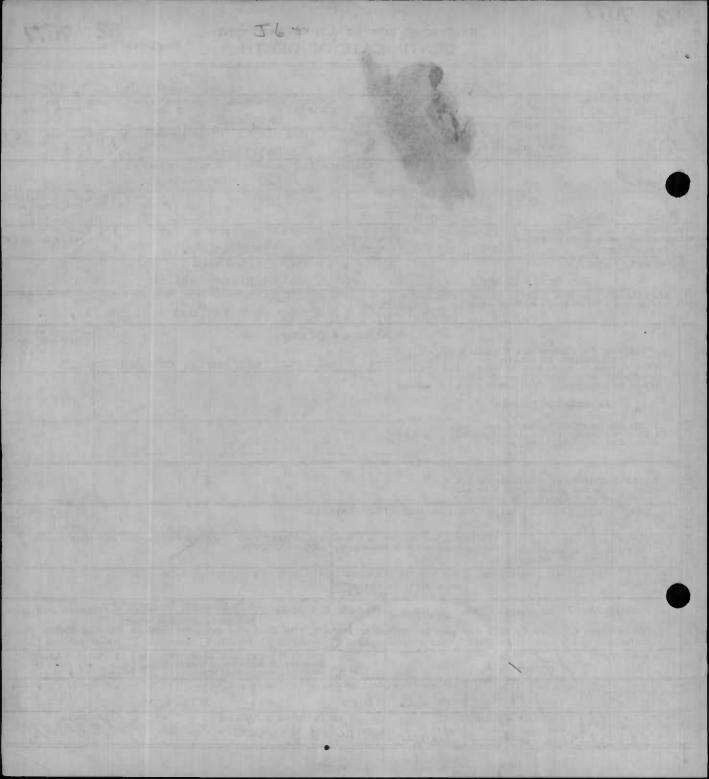
52 7076

B	IRTH NO.			CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF D		UGUSTA	POEHLMANN		2. DATE OF DEATH July 2	E 1052
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR ISTITUTION	Long Green 1 115 E. Melro	Nursing	on, give street address or location)		outside corporate limits,	vrite RURAL and give township)
6	ngth of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (Hr 1725 E. 33rd St.		
	sex female	6.COLOR OR RACE	WIDDW	MARRIED, ED, DIVORCED (Specify)	Jan 2, 1874		ler I Year II Under 24 Hours ns Days Hours Min.
1C wor	k done during most o	CUPATION (Give kind of of working life, even if retired) ewife	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME	
	August	Frohnhauser			Justine Kram	er	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		RESS
,	Noné			None No.	Mr. Joseph S. Kn	app - 2926 Wym	an Pkwy.
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which e ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDIT TO THE CEATH, BUT ISEASE OR CONDITION	FH f dying, e. g ns the disease aused death SES FANY, GIVIN STATING THEST. TIONS CON NOT RELATE	(B)	OF DEATH REBRAL HEMON ERIOSCLEROSIS	***************************************	INTERVAL BETWEEN ONSET AND OEATH
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., li arm, factory, etreet, office bldg., e		f in Baltimore City, give	exact location)
2	INJURY	Month) (Day) (Year)		NOT WHILE AT WORK NOT WHILE		OCCUR?	
		y eertify that I att			uly 193, to_	, 19, t	that I last saw the
	Z3A. SKONA,	ive on = Chr	lich	and that death occur	3B. ADDRESS	he causes and on the	date stated above. 23c. DATE SIGNED
Z TI	4A. BURIAL.	pecify) 7/28/52		Woodlawn Cer	RY OR CREMATORY 240. LO	Woodlawn, Mo	county) /(State)
	ATE RECEIVE OCAL REGIST	RAR Hunting	s signatu	diams, Mg?	25 FUNERAL DIRECTOR.	kner & So	DDRESS
7	VS 150	6)			Balto 1	7, md



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

_									
	NAME OF C	ECEASED	COURTLA	AND DUNBAR			2. DATE OF DEATH J	uly 23,	1952
	PLACE OF D				A. STA		Where deceased lived	. If institution	
8.	FULL NAME	City, Maryland Of "If not in hospit	tal or instituti	ion, give street address o		Maryland	B. COUNTY	per	ore admission)
	OSPITAL OR			location	C. CIT	Y OR TOWN (If outside corporate li	mits, write RI	
Ц		Baltimor	e City 1	Morgue		Baltimor		in 0	township)
7				Yrs. Mos.	D. STR		f rural, give location		
=	ingth of s	tay in Baltimore	1 = 011101 =	Days			anover St.		
٥.	male	white	WIDOW	E, MARRIED, ED, DIVORCED (Specif		E OF BIRTH	9. AGE (In years last birthday)		Hours Min.
10		CUPATION (Givekind of	1	orced of Business or	11 BIR	THPLACE (State or	foreign country	Linciri	VEN OF
WOL	k done during most	of working life, even if retired)		INDUSTR	Y	Pembroke		12. CITI	T COUNTRY?
13	carpent		Durrar	ng Constructi		THER'S MAIDEN N			
		James W. I	hinhar			Celestine			
15	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17 INE	ORMANT	, 00111110	4 D D D F C C	
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	235 16 1768		rsey Funeral	Home Hop	ewell,	Va.
	18. ^ =	3 X .		CAUSE	OF DE	ATH	0.4		VAL BETWEEN
		SE OR CONDITION	DIRECTLY					ONSE	T AND OEATH
	(This does	LEADING TO DEA not mean the mode	of dying, e. g		and a	arterioscler	cotic cardio	vascula:	r
	heart failt injury or	are, asthenia, etc. It mer complication which	ans the disease caused death.	e, .) pus ro di	sease				
		ANTECEDENT CAUS	SES						
7	DISEASE	S OF CONDITIONS		(B)	•••••	********************************	***************************************		••••••
<u>o</u>	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO					
RTIFICATION	ONDERL	TING CONDITION LA	A51.	(C)	•••••	**	•••••		•••••
FIG		11							
RTI		GIGNIFICANT CONDI							
CE		SEASE OR CONDITION OF OPERATION 1		FINDINGS OF OPE	BATION			1.00	ALIZODOVA
	19A. DATE C	of OPERATION I	9B. MAJOR	FINDINGS OF OFE	RATION			YES	NO X
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-		CE OF INJURY (e.g., arm, factory, street, office bldg.		. WHERE DID URY OCCUR?	(If in Baltimore City		
ME		(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCUR	RED 21F	HOW DID INJUR	Y OCCUR?		
	OF INJURY		m. W	HILE AT NOT WHILE					
	22. 1 certi	fu that I took char	ae of the	remains described	above, h	eld an inspec	tion & inqu	irythereo	n and from
ш				psy, Inspection or		Autopsy,	Inspection or Inqui:	гу	
	and de	ath in my opinion	resulted fr	rom: natural cause	s T, ae	cident [], suicide	\Box , homicide \Box	, undeterm	ined \square .
	23A. SIGNA	TURE RIF	0			CHIEF MEDICAL	EXAMINER	23c. DATE S	
	BUBIAL	ONON	~		1.D. ME	DICAL INVESTIGA		July 24,	1952
TIC	N. REMOVAL (S	pecify)	2	4c. NAME OF CEMET		REMATORY 24D. I	OCATION (City, to	wn, or county)	(State)
D.4	Buria.	1/1-/	52	St. Peter		IEBAL DIDECTOR	Baltimore	Md	6
	CAL REGIST		ton We	Hisus- MS?	Wm	Licknes	Nous n	Ma. C	ives.
٧	S 151	0		57	02	1			1
						Control of the Contro			

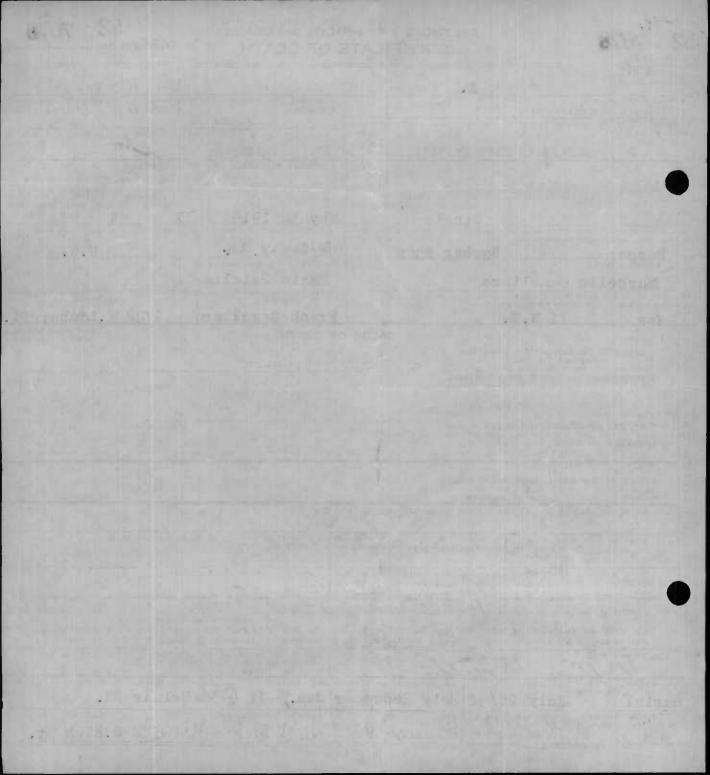


54	7078
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

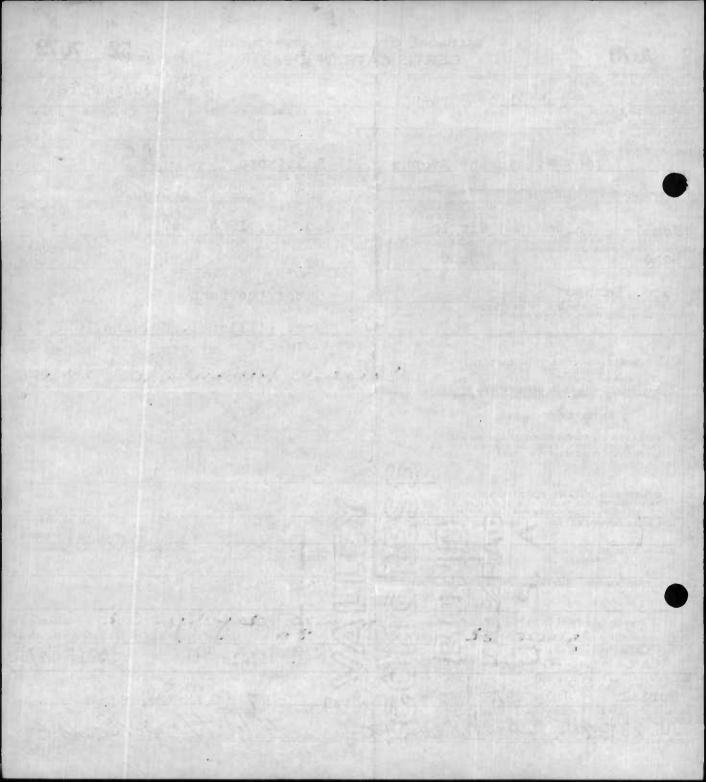
52 7078

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) JOHN	n A. Gemellaro		DATE OF July 25, 1952
a. Baltimore City, Maryland		A. STATE	e deceased lived. If institution : residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital	or institution, give street address or location)	Maryland	- / /28
HOSPITAL OR INSTITUTION		c.CITY OR TOWN (If outs Baltimore	side corporate lighits, write R.b.(AL and gi- townshi
Baltimore C	ity Hospitals Yrs.	D. STREET ADDRESS (If rura	l. give location)
ength of stay in Baltimore	Mos. Days		bard Street
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		AGE (in years H Under I Year H Under 24 Hou last birthday) Months: Days Hours: Mir
Male White	Single	May 30 1915	37 1 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF WHAT COUNTRY
Barber	Barber shop	Baltimore Md.	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Marcello Gemella 15. WAS DECEASED EVER IN U. S. ARMED F		Maria Palella	
(Yes, no or unknown) (If yes, give wer or dates o	f service) SECURITY NO.	17. INFORMANT	ADDRESS
Yes II W.W.		Frank Gemellaro	3722 E. LombardSt
18. 470 / 1		OF DEATH	ONSET AND OEA
DISEASE OR CONDITION D	Canan	ary occlusion	Jag.
(This does not mean the mode of heart failure, asthenia, etc. It means	s the disease,		
injury or complication which can			
ANTECEDENT CAUSE	.5 (B)		
DISEASES OR CONDITIONS, IF.	TATING THE OUE TO		
Z DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST			
OTHER SIGNIFICANT CONDIT			
TO THE DISEASE OR CONDITION O	B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
	o, major i mamos or or or		YES X NO
21A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e. g., i ebout home, farm, fectory, street, office bldg.,		Baltimore City, give exact location)
UNDERLYING OR CONTRIB-			
E 210. TIME (Month) (Day) (Year) (1		ED 21F. HOW DID INJURY OF	CCUR?
	m. WHILE AT NOT WHILE		
22. I certify that I took charg	e of the remains described of	above, held anAutops:	y thereon and fro
the evidence obtained by s	aid Autopsy, Inspection or I	Inquiry, find that said decea	ised died on the day stated abov
and death in my opinion r	esulted from: natural causes	8 ∑ , accident □, suicide □. 23B. CHIEF MEDICAL EXA	homicide □, undetermined □. MINER□ 23c, DATE SIGNED
11/100: 1)	Variable M	ASSISTANT MEDICAL EXA MEDICAL INVESTIGATOR	MINER
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C NAME OF CEMETE	RY OR CREMATORY 240. LOCA	TION (City, town, or county) (State
Burial July 28	5/52 Holy Redeeme	er Cem.7 0 44300	Belair Rd.
DATE RECEIVED BY REGISTRAR'S	Jun 1//111	FUNERAL DIRECTOR	ADDRESS
JUL 28 1950 Tunting	glow Villacus, My	Frank Dellary	bee322 8. High St.
V S 151	740	&F	V
Annual Control of the	1	The state of the s	

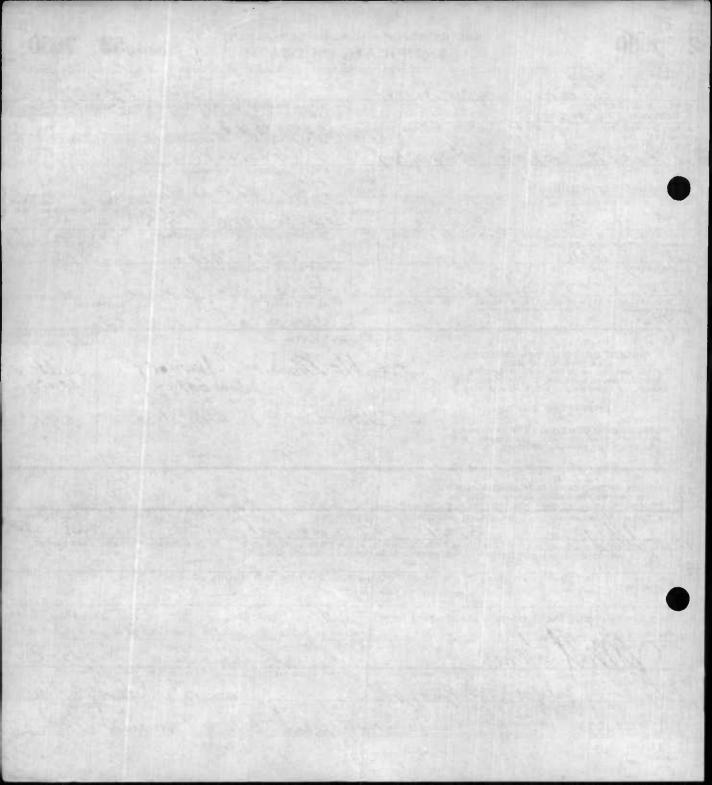


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

-	1001						
	NAME OF Dype or Print)	Sarah A	lice B	arnes		2. DATE July	25/52
Α.		DEATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Md.	If outside corporate limits,	write RURAL and give
IN	ISTITUTION	IOO7 Wilm	ington	Avenue	Baltimore	25	5 (Svnship)
7				Yrs,	D. STREET ADDRESS (I	f rural, give location)	
C.	ngth of	stay in Baltimore		Mos. Days	IOO7 Wilmir	ngton Avenue	
5.	Female	6.COLOR OR RACE	WIDOW	E, MARRIED. ZED, DIVORCED (Specify)	Jan. 2I, 196	last birthday) Mon	ths Days Hours Min.
10	A. USUAL O	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
1011	None	of working life, even if retired)	No	ne	Md.		WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	Geo. 1	Barnes		SERIE MENE	Catherine I	Dunn	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
				SECORITI NO.	Mrs. Lillia	an I. Collin	s, 1007 Will
	18. 3	31X 1		CAUSE	OF DEATH	mington Ave	ISSUEDICAL DEFINITION
		SE OR CONDITION		6			, londer And GEATH
		LEADING TO DEA	of dying, e. 1		abal Ween	archage	2 days
		ure, asthenia, etc. It mea complication which					9
	1740	ANTECEDENT CAUS	SES			· ·	
Z O	DISEASI		771	(B)	***************************************	***************************************	
F	RISE TO	ES OR CONDITIONS, I	STATING TI				
CA	UNDERL	YING CONDITION L	AST.				
Ī		11		(c)			
CERT	TRIBUTIN	SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ŁD .			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
CA		0				44	YES NO
MEDICA	HOMICIDE	(Specify)	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	o or 21c, WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
-	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJUR	RY OCCUR?	
k	Mooki		m.	WHILE AT NOT WHILE			
	22. I herei	by certify that I at	ended the	deceased from	13, 1951 to X	١٩٥٥ , ١٩٥٢ م	that I last saw the
					red at 3 Am., from		
	28A. SIGNA	いしまり	The same	er on 2	12 E. Biddle	² t	July 27/52
2/	AA. BARIAL.	CREMA- 24B. DATE		24c. NAME OF COMETE	RY OR CREMATORY 240.	LOCATION (City, town,	or county) (State)
	Burial	July 2	8/52	New Cathed	red of H	Altimore Md	
D.	ATE RECEIVE	TRAP A	+ 111		25 FUNERAL DIRECTOR	+/-	ADDRESS
	20F 58	1952 / Junting	ion IV	Challes My Z	tarry 7. W	12/ce, 41010	domonary
	VS 150	0			/		Mu.



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b	ากลด	В		EALTH DEPARTMENT	V	52 7080
0	IRTH NO.		CERTIFICAT	E OF DEATH	Registered	Not 1000
	NAME OF DECEASED		, ,		2. DATE	
	Type or Print)		er Kins		OF -	1/27/5
3	PLACE OF DEATH:	ne3 4	614 111/13	4. USUAL RESIDENCE (V	DEATH /	f institution: residence
	Baltimore City, Ma			A. STATE	B. COUNTY	before admission)
	FULL NAME OF (If	not in hospital or insti	tution, give street address or location)		BAL	
	ISTITUTION	//.	11 1	C. CITY OR TOWN	outside corporate iin	nits, write RURAL and give township
-	CHARCA	178MG	1705 Pila/	Daltino	Re 5	3.59.4
			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	ngth of stay in B		Days	13/11/1	ws/ie	
5	SEX 6. COLO	R OR RACE 7. SING	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last hipthday)	Months Days Hours Min.
	19 4		:129/e	Sept. 15,1903	48	
10	DA. USUAL OCCUPATION Advantage of working life	N (Give kind of 10B. K)	ND OF BUSINESS OR	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY
	shin Liffel	7	ShepBust DING	mary	and I	4 S
T:	FATHER'S NAME	,	1	14. MOTHER'S MAIDEN N	AME	
	Kahen	+ 1/200	Kine	E1/2 211		
13	5. WAS DECEASED EVER II	N U. S. ARMED FORCES	1 16, SOCIAL	17. INFORMANT	417, 100 N	ADDRESS
(Y)	se, no or unknown) (If yes,	give war or dates of service)	SECURITY NO.	17. INFORMANT	F	_ /
-	. 0			1708 2.101	Neco1	INTERVAL BETWEEN
	18. 007 X	1	CAUSE	OF DEATH	2	ONSET AND DEATH
		ONDITION DIRECTLE	LY 2	11-m. +	1	11
	(This does not mean	n the mode of dying, ia, etc. It means the dis	e. g., (A) 7855. D	16/1/085. Ve 16	monory	Sudden
-	injury or complicat	tion which caused de	ath.) DUE TO	Em	60/45	Death
	ANTECE	DENT CAUSES	~ .	. /	/ /	
11						
Z	ARTECE	DENT CAUSES	(B) Yu/n	nowary Tub	CRCW/05is	84RS
NO O	DISEASES OR CON	NDITIONS, IF ANY, GI		nowary Tub	CRCulosis	8 4 R.S.
ATION	DISEASES OR CON	NDITIONS, IF ANY, GI E CAUSE (A) STATING	THE DUE TO	nowary Tub	CRCulosis	8485.
∥∢	DISEASES OR CON	NDITIONS, IF ANY, GI E CAUSE (A) STATING	THE DUE TO	nowary Tub	erculosis	8 4 R S.
∥∢	DISEASES OR CON RISE TO THE ABOVE UNDERLYING COI	NDITIONS, IF ANY, GI E CAUSE (A) STATING NDITION LAST.	(C)	nowary Tub	CRCWOSis	8 4 R S.
RTIFICA	DISEASES OR CON RISE TO THE ABOVE UNDERLYING COI	NDITIONS, IF ANY, GI E CAUSE (A) STATING NDITION LAST.	(C)	nowary Tub	CRCULOSis	8 4 R S.
∥∢	DISEASES OR COM- RISE TO THE ABOVE UNDERLYING COI OTHER SIGNIFICATION TRIBUTING TO THE	NDITIONS, IF ANY, GIE CAUSE (A) STATING NDITION LAST. II ANT CONDITIONS (DEATH, BUT NOT RELE CONDITION CAUSING	(C)		CRCULOSis	8 4 R S.
L CERTIFICA	DISEASES OR COM RISE TO THE ABOVE UNDERLYING COL OTHER SIGNIFICA TRIBUTING TO THE	NDITIONS, IF ANY, GIE CAUSE (A) STATING NDITION LAST. II ANT CONDITIONS (DEATH, BUT NOT RELE CONDITION CAUSING	(C)		CRCINOSis	8 <i>9 R</i> S
CAL CERTIFICA	OTHER SIGNIFICATION THE DISEASE OF COLUMBER SIGNIFICATION TO THE TO THE DISEASE OF THE TOTAL	NDITIONS, IF ANY, GIE CAUSE (A) STATING NDITION LAST. II ANT CONDITIONS (DEATH, BUT NOT RELE CONDITION CAUSING	CON- ATED G IT. OR FINDINGS OF OPER	RATION ELLENS (YEELEM	CRCUIOS:3	YES NO
L CERTIFICA	DISEASES OR COM- RISE TO THE ABOVE UNDERLYING COI OTHER SIGNIFICATION TRIBUTING TO THE	NDITIONS, IF ANY, GIE CAUSE (A) STATING NDITION LAST. II ANT CONDITIONS (DEATH, BUT NOT RELATION 19B. MAJO	(C)	RATION CUMB/YEC/BM nor 21c. WHERE DID	of in Baltimore City	
CAL CERTIFICA	OTHER SIGNIFICATION OF THE ABOVE UNDERLYING COLUMN OF THE DISEASE OF THE ACCIDENT WAS LYING OF DEATH	II ANT CONDITIONS OF CONDITION CAUSING ATION 198. MAJO SUNDER- BUTING 218. F about hor	CON- ATED G IT. OR FINDINGS OF OPER	RATION CLUMB / YEC BM m or 21c. WHERE DID / etc.) INJURY OCCUR?		YES NO
CAL CERTIFICA	OTHER SIGNIFICATION TO THE DISEASE OF COMPANY OF THE DISEASE OF CONTRACT OF CONTRACT OF CAUSE OF DEATH	II ANT CONDITIONS OF CONDITIONS OF CONDITION CAUSING ATION 198. MAJO TION 198. MAJO TION 218. F about hor (Day) (Year) (Hour)	CON- ATED G IT. OR FINDINGS OF OPER CON- CON- CON- CON- CON- CON- CON- CON-	RATION CUMD / PC BM n or 21c. WHERE DID NJURY OCCUR? ED 21f. HOW DID INJURE		YES NO
CAL CERTIFICA	OTHER SIGNIFICATION TO THE DISEASE OF COMPANY OF INJURY	II ANT CONDITIONS OF ACTION CAUSING CONDITION CAUSING CONDITIONS OF ACTION CAUSING CONDITIONS OF ACTION CAUSING CONDITION CAUSING CONDITI	CON- ATED G IT. OR FINDINGS OF OPER CON- CON- CON- CON- CON- CON- CON- CON-	RATION CLIM D / PC SM m or 21c. WHERE DID & INJURY OCCUR? ED 21f. HOW DID INJUR	Y OCCUR7	YES NO
CAL CERTIFICA	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFICATION TO THE DISEASE OF 19A. DATE OF OPERALLYING OR CONTRACAUSE OF DEATH 21A. ACCIDENT WAS LYING OR CONTRACAUSE OF DEATH 21D. TIME (Month) OF INJURY	II ANT CONDITIONS OF CONDITION CAUSING ATION 198. MAJ SUNDER 218. F about hor (Day) (Year) (Hour) That I attended t	CON- ATED G IT. OR FINDINGS OF OPER CON- CON- CON- CON- CON- CON- CON- CON-	RATION CLYMB / PEC BM m or 21c. WHERE DID / INJURY OCCUR? ED 21f. HOW DID INJURY	7/27 , 193	yes Now Provided No. 1 N
CAL CERTIFICA	OTHER SIGNIFICATION TO THE DISEASE OF COMPANY OF THE DISEASE OF TH	II ANT CONDITIONS OF ACTION CAUSING CONDITION CAUSING CONDITIONS OF ACTION CAUSING CONDITIONS OF ACTION CAUSING CONDITION CAUSING CONDITI	CON- ATED G IT. OR FINDINGS OF OPER PLATE OF INJURY (c. s., i me, farm, factory, street, office bidg., 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK he deceased from and that death occur	RATION CLAMB / Y CC BM n or 21c. WHERE DID / ED 21f. HOW DID INJURY THE 1957to rred at 6 m., from to	7/27 , 193	yes Now Now Now Not n
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MEDICAL CERTIFICA	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFICATION TO THE TO THE DISEASE OF 19A. DATE OF OPERALYING OR CONTRIBUTION OF INJURY 21A. ACCIDENT WAS LYING OR CONTRIBUTION OF DEATH 21D. TIME (Month) OF INJURY 22. I hereby certify deceased alive on 23A. SIGNATURE.	II ANT CONDITIONS OF THE CONDITION CAUSE ATTOM 198. MAJI SUNDER about hor (Day) (Year) (Hour) That I attended to the condition of the condition of the condition causing the condition of the	CON- ATED G IT. OB FINDINGS OF OPER PLATE OF INJURY (c. g., i mo, farm, factory, street, office bidg., 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK he deceased from and that death occur M. D.	RATION CLAMD VEC BM nor 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 6 m., from to 238. ADDRESS	Z/27, 193 he causes and on	yes No Per No Pe
MEDICAL CERTIFICA	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFICATION TO THE DISEASE OF 19A. DATE OF OPERALYING OR CONTRIBUTION OF INJURY 21A. ACCIDENT WAS LYING OR CONTRIBUTION OR CONTRIBUTION OF INJURY 22. I hereby certify deceased alive on 23A. SIGNATURE.	II ANT CONDITIONS OF CONDITION CAUSING ATION 198. MAJ SUNDER 218. F about hor (Day) (Year) (Hour) That I attended t	CON- ATED G IT. OR FINDINGS OF OPER CONTROL OF CONTROL OR FINDINGS OF OPER CONTROL O	RATION CLAMD VEC BM nor 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 6 m., from to 238. ADDRESS	7/27 , 193	yes No Per No Pe
MEDICAL CERTIFICA	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFICATION TO THE DISEASE OF THE DISEASE	II ANT CONDITIONS OF CONDITIONS OF CONDITION 198. MAJORITON 198. MAJORITON (Day) (Year) (Hour) That I attended to the condition of the condi	CON- ATED G IT. OR FINDINGS OF OPER PLATE OF INJURY (e. g., imme, farm, factory, street, office bldg., 21e. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK he deceased from and that death occur M. D. 24c. NAME OF CEMETE	RATION CLUMD / PC OM in or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 6 m., from to 23B. ADDRESS RY OR CREMATORY 24D. L	Z/27, 193 he causes and on	That I last saw the date stated above 23c. DATE SIGNED 27572.
DI 10	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFIC TRIBUTING TO THE TO THE DISEASE OF 19A. DATE OF OPERALYING OR CONTRACTOR CAUSE OF DEATH 21A. ACCIDENT WAS LYING OR CONTRACTOR OF DEATH 21D. TIME (Month) OF INJURY 22. I hereby certify deceased alive on 23A. SIGNATURE 4A. BUTIME, CREMA- ON REMOVAL, (Specify) ATELRECEIVED BY	II ANT CONDITIONS (DEATH, BUT NOT RELEASE (A) STATING NDITION LAST. II ANT CONDITIONS (DEATH, BUT NOT RELEASE (A) STATING (DEATH, BUT NOT RELEASE (DEATH) (Day) (Year) (Hour) That I attended to the state of the	CON- ATED G IT. OR FINDINGS OF OPER PLATE OF INJURY (e.g., ime, farm, factory, street, office bldg., VALUE OF INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK he deceased from and that death occur M. D. ALC. NAME OF CEMETE	RATION CLAMD VEC BM nor 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 6 m., from to 238. ADDRESS	Z/27, 193 he causes and on	yes No Per No Pe
DI 10	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFICATION TO THE DISEASE OF THE DISEASE	II ANT CONDITIONS OF CONDITIONS OF CONDITION 198. MAJORITON 198. MAJORITON (Day) (Year) (Hour) That I attended to the condition of the condi	CON- ATED G IT. OR FINDINGS OF OPER PLATE OF INJURY (e.g., ime, farm, factory, street, office bldg., VALUE OF INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK he deceased from and that death occur M. D. ALC. NAME OF CEMETE	RATION CLUMD / PC OM in or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 6 m., from to 23B. ADDRESS RY OR CREMATORY 24D. L	Z/27, 193 he causes and on	That I last saw the date stated above 23c. DATE SIGNED 2757
DI 10	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFIC TRIBUTING TO THE TO THE DISEASE OF 19A. DATE OF OPERATION OF INJURY 21A. ACCIDENT WALLYING OR CONTRIBUTION OF DEATH 21D. TIME (Month) OF INJURY 22. I hereby certify deceased alive on 23 Signature on 23 Signature on 23 Signature on 24 Signature on 25 Signa	II ANT CONDITIONS (DEATH, BUT NOT RELEASE (A) STATING NDITION LAST. II ANT CONDITIONS (DEATH, BUT NOT RELEASE (A) STATING (DEATH, BUT NOT RELEASE (DEATH) (Day) (Year) (Hour) That I attended to the state of the	CON- ATED G IT. OR FINDINGS OF OPER PLATE OF INJURY (e.g., ime, farm, factory, street, office bldg., VALUE OF INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK he deceased from and that death occur M. D. ALC. NAME OF CEMETE	RATION CLUMD / PC OM in or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 6 m., from to 23B. ADDRESS RY OR CREMATORY 24D. L	Z/27, 193 he causes and on	That I last saw the date stated above 23c. DATE SIGNED 2757
DI 10	DISEASES OR CONRISE TO THE ABOVE UNDERLYING COLUMBERLYING COLUMBER SIGNIFIC TRIBUTING TO THE TO THE DISEASE OF 19A. DATE OF OPERALYING OR CONTRACTOR CAUSE OF DEATH 21A. ACCIDENT WAS LYING OR CONTRACTOR OF DEATH 21D. TIME (Month) OF INJURY 22. I hereby certify deceased alive on 23A. SIGNATURE 4A. BUTIME, CREMA- ON REMOVAL, (Specify) ATELRECEIVED BY	II ANT CONDITIONS (DEATH, BUT NOT RELEASE (A) STATING NDITION LAST. II ANT CONDITIONS (DEATH, BUT NOT RELEASE (A) STATING (DEATH, BUT NOT RELEASE (DEATH) (Day) (Year) (Hour) That I attended to the state of the	CON- ATED G IT. OR FINDINGS OF OPER PLATE OF INJURY (e.g., ime, farm, factory, street, office bldg., VALUE OF INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK he deceased from and that death occur M. D. ALC. NAME OF CEMETE	RATION CLUMD / PC OM in or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 6 m., from to 23B. ADDRESS RY OR CREMATORY 24D. L	Z/27, 193 he causes and on	That I last saw the date stated above 23c. DATE SIGNED 2757



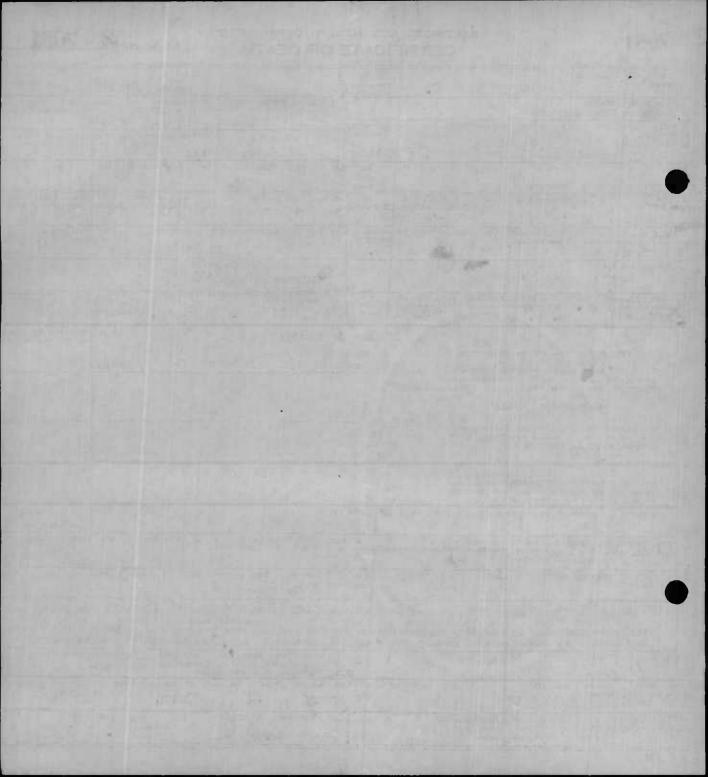
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7081

1. NAME OF DECEASED 2. DATE (Type or Print) July 24, 1952 WILLIAM C. STIRLING DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland Anne Arundel (If not in hospital or institution, give street address or B FILL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore General Hospital Severna Park D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Box 404 Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours 6. COLOR DR RACE 5. SEX last birthday) Months: Days Hours: Min. June 7, 1889 mainied White Male 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Daltimore, Mary lard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Com 1-77 14774 m S 4 71n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) Savorna Park Mes. Ellen H. Stinling. INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XOCHAGE injury or complication which caused death.) ANTECEDENT CAUSES Diabetes FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION No X YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes &, accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 2

M.D. MEDICAL INVESTIGATOR July 2

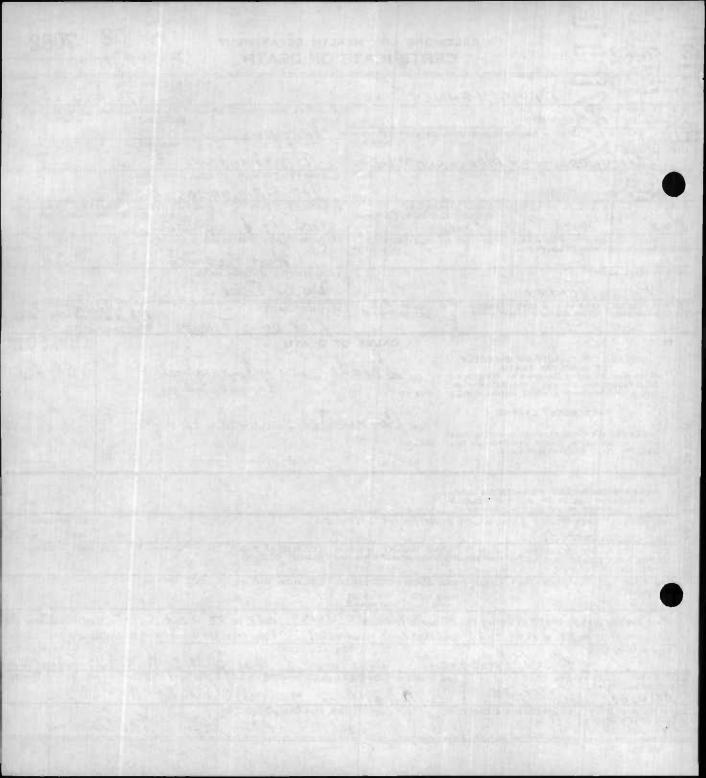
P4C. NAME OF CEMETERY DR CREMATORY | 240. LOCATION (City, town, or county) July 25 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. PATE d'oollan. Maryland 25. PUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Wm. Book 28



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

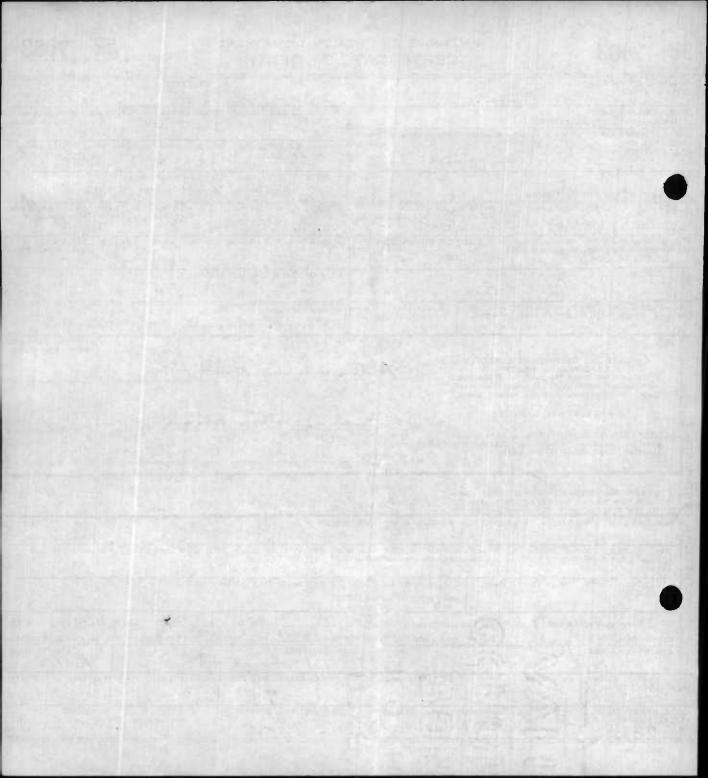
52 7082 \(\text{Registered No.} \)

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) DAVID 18	NNEY		2. DATE OF DEATH 27	JULY 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institu		4. USUAL RESIDENCE (A. STATE MARYLAND	Where deceased lived. B. COUNTY	If institution: residence before admission)
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (I		nits, write RURAL and give township)
UNIVERSITY OF MAR	YLAND MOSPITAL Yrs.	D. STREET ADDRESS (I		7-00
c. Ength of stay in Baltimore	Mos. Days	910 HAMM		15
Man III WIDO	LE, MARRIED, WED, DIVORCED (Specify) RRIED	S. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year It Under 24 Hours Months Days Hours Min.
	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)		12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	DOLLY ESKE		
(Yes, no or nnknown) (If yes, give war or dates of service)	SECURITY NO.	MRS. DAVID TO	- 9101	ADDRESS LANG HAMMENDS LANG TIMORE 25 Mb.
LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused dear ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONDITIO	(B) Cougaing Due to	Tanious interchems. Intal Vascula	erelisal shage Malforn	15½ kro.
TO THE DISEASE OR CONDITION CAUSING		ATION		20. AUTOPSY?
8 27 July 1952				YES NO
= 1 21A. ACCIDENT WAS UNDER- 1 21B. FL	_ACE OF INJURY (e. g., in s, farm, factory, street, office bldg., e		If in Baltimore City	, give exact location)
1D. TIME (Month) (Day) (Year) (Hour) INJURY m.	WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended th				
deceased alive on 27 JULY, 19 52		red at 12:30 Pm., from 3B. ADDRESS	the causes and on	the date stated above.
John Vaa	rrett M.D. U	ninersety blog. T	Belt. s. Md	27 July 1952
109, REMOVAL (Specify) 2/28/52	BUCKHONY	PON 7 0 W	O Virgin	ia
DATE RECEIVED BY REGISTRAR'S SIGNAT	VH:	25. FUNERAL PIRECTOR	ne: Bac	timere
VS 150	- water			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	RTH NO.			CERTIFIC		E OF DEATH			
	NAME OF D ype or Print)		ma B. B	yrd	30		2. DATE OF DEATH	ly 25,	1952
	Baltimore (City, Maryland				4. USUAL RESIDENCE (V	Where deceased lived. B. COUNTY		n: residence efore admission)
H	FULL NAME OSPITAL OR ISTITUTION		al or institut		lress or eation)	Maryland c. city or town (If Paltimore	outside corrolate lin	its, write H	URAL and give township)
Yrs. Mos. Days					D. STREET ADDRESS (If				
	sex Cemale	6.COLOR OR RACE	WIDOW	MARRIED.		8. DATE OF BIRTH Oct. 3, 1869	9. AGE (In years last birthday)	If Under 1 Year Months Day	
10A. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR					11. BIRTHPLACE (State or for	oreign country)	12, CIT WH	IZEN OF AT COUNTRY?	
13	FATHER'S					14. MOTHER'S MAIDEN NA	AME		
15 (Ye	5. WAS DECEAS	ED EVER IN U, S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT William E. Pyrd,	4318 Spring	ADDRESS	lvenue
ERTIFICATION	OTHER S	SE OR CONDITION LEADING TO DEAT not mean the mode of irc, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	I'H I'f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	Ye	of DEATH is short: Hen	Dring	ons	ET AND DEATH
AL C		OF OPERATION 1		FINDINGS OF	OPER	RATION	-	20 YE	. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY		n or 21c. WHERE DID (I	If in Baltimore City		
2	210. TIME INJURY	(Month) (Day) (Year)	,	21E. INJURY OC	CURR T WHILE WORK		Y OCCUR?		
	22. I hereb deceased a				occur	red at 4:05A. m., from 6		the date	last saw the stated above.
	201.01010	N.P. Fri	tenan	M.	D.	1319 Light -	ca.		5/52
Z.	4A. BURIAL. ON, REMOVAL (S burial	CŘEMA- Specify) 7/28/5	2			RY OR CREMATORY 240. L	OCATION (City, tow		y) (State)
	ATE RECEIVE OCAL REGIST UL 2819		s signati	Vilianis, 1	157	25. FUNERAL DIRECTOR	.c., 1217 S	ADDRE	ss Street
-	VS 150								



Registered No. CERTIFICATE OF DEATH

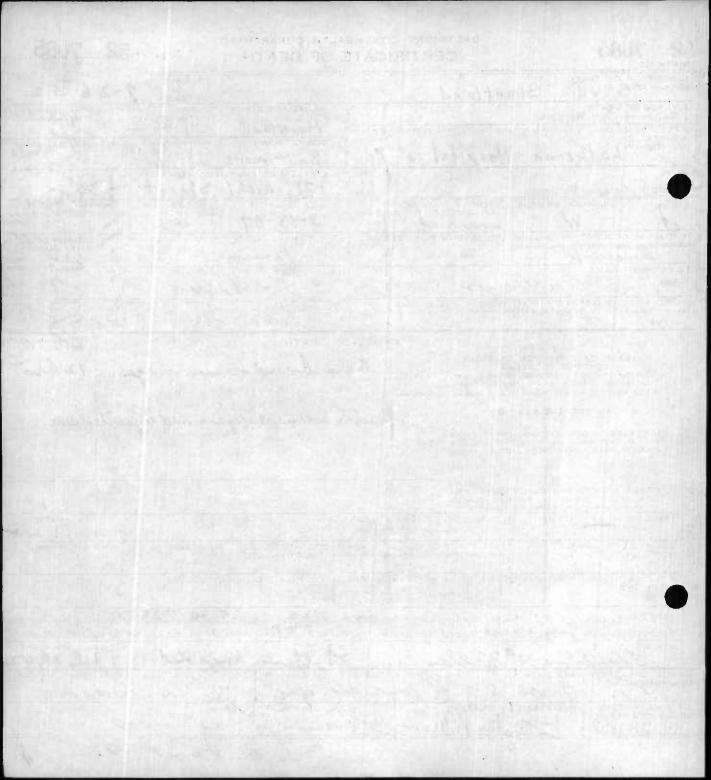
BI	RTH NO.								
	NAME OF (ype or Print)		HOMAS	CZECK CZECH		OF July 2	22, 1952		
Α.	PLACE OF E Baltimore	City, Maryland		ion, give street address or	4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased lived. If i			
H	SPITAL CR	Baltimore C:		location					
	ength of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 820 E. Lombard Street				
	sex	6.COLOR OR RACE		E. MARRIED. ZEO, OIVORCEO (Specify	8. OATE OF BIRTH	9. AGE (In years)			
worl	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME			
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Pacunas	AC	OORESS		
ERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE ORDER TO THE DEATH, BUT	TH of dying, e. g uns the diseas caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B) CARDING	ensive and arterio	sclerotic			
AL CE	4.4	OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?		
EDICA	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)		
M	21D. TIME OF INJURY	(Month) (Day) (Year)	,	VHILE AT OCCURR WORK NOT WHILE WORK		OCCUR?			
DA LQ	the evand de 23A. SIGNA A. BURIAL. ET RECEIVE	idence obtained by eath in my opinion TURE CHENIA 248. OATE Specify)	said Autoresulted f	psy, Inspection or rom: natural eause	Inquiry, find that said do [7], aecident [7], suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	Inspection or Inquiry eccased died on the, homicide, un 23c	day stated above, determined DATE SIGNED 17 22, 1952		
V	S 151	a		***			V		

Letters confirming addition to diagnosis
from Dr. Gilwarsen, Director Bu. TEC and
Chief Medical Countings, Dr. Bussell J. Fisher
in DocumentFile

6	5)
52	7085

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 7085

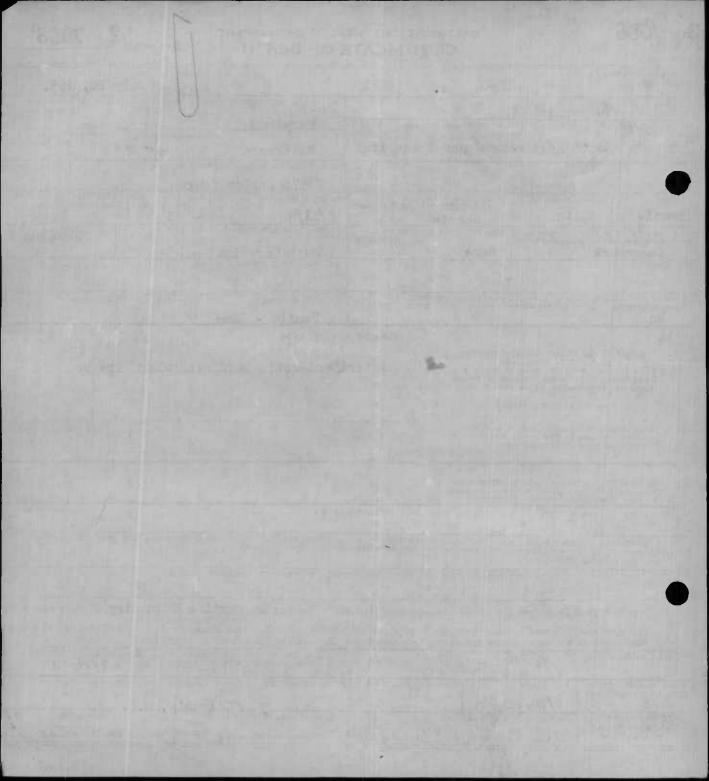
-	IRTH NO.			CERTIFICATI	OF DEATH	**************************************			
1. (T	NAME OF D Type or Print)		antlai	ıd		2. DATE OF DEATH	7-26-52		
3. A.	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased live	d. If institution; residence before admission)		
В.	FULL NAME		tal or institut	ion, give street address or location)	Maryland		7 06		
	STITUTION	utheran	Hassi	tal of Md.	Baltimore	(11 outside corporate	imits, write RDRAL and give township)		
	10		110-71	Yrs.		If rural, give location	1)		
	ength of st	tay in Baltimore		Mos. Days	1719 hight	Street	- 30		
5.	F	6. COLOR OF RACE		E, MARRIED, YED, DIVORCED (Specify)	3-/3-09	9. AGE (In year last birthday)	s If Under 1 Year H Under 24 Hours Months Days Hours Min.		
1 C	k done during most o	CUPATION (Give kind of working life, even if retired	I IOR KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S			-/ '/	14. MOTHER'S MAIDEN		1 0-7		
		10,1/1	Am	VILTS	JUSA.	NNA.			
15 (Ye	was DECEASE , no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	10 -	ADDRESS		
	10 5 5	- V		CAUSE	OF DEATH		INTERVAL BETWEEN		
	2	SE OR CONDITION	DIRECTIV	CAUSE	OF BEATH	/	ONSET AND DEATH		
	100 100 100 100 100	LEADING TO DEA	TH	Sub	rachnord he	morrhag	e 12 hrs.		
	heart failu	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
		ANTECEDENT CAU			4 4				
Z		DISEASES OR CONDITIONS, IF ANY, GIVING (B) possible berry anewysm and byperleasem							
TIC	RISE TO T	HE ABOVE CAUSE (A	STATING TH						
CA	UNDERLY	ING CONDITION L	AST.						
F		н		_(C)					
ERTI		IGNIFICANT COND							
CE	TO THE D	TO THE DEATH, BUT	N CAUSING I	T					
1 L	19A. DATE O	F OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
EDICAL		NT. SUICIDE.		ACE OF INJURY (e. g., in		(If in Baltimore C	ty, give exact location)		
	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?				
Σ	21D. TIME ((Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?			
K	FINJURY		m.	WHILE AT NOT WHILE					
	22. I hereb	y certify that I at	tended the		× 7-26 1952 10	7:30 7-261	95} that I last saw the		
	deceased al	ive on July 20	1952	and that death occur	red at 2:30 P.m., from	the causes and o	on the date stated above.		
	23A. SIGNAT	TURE DO'	on o	20	38. ADDRESS	+1	23c. DATE SIGNED		
-	FA.	REMA- 248, DATE	· see	M. D.	Zulleran Mo	LOCATION (City, t	own, of county) (State)		
Tie	ON, REMOVALS	pecify) 7. 30	.52	S/EN X	lavary ?	5/64	BURNIE		
	ATE RECEIVE		SEIGNATH	1861-	25 FUNERAL DIRECTO) 00	ADDRESS		
-	JUL 281	902 timete	ylon 1	Velliaus, My	ages a				
	VS 150		0		1,3 5	toot	1903		



P/ 9686

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7086

BIRTH NO.			CER	TIFICATE	OF DEATH	Aregistered	110
1. NAME OF D (Type or Print)		THEL	+	POPE		2. DATE OF Jul	y 26, 1952
3. PLACE OF D	DEATH:	THE	I.	1016		E (Where deceased lived.	If institution : residence
A. Baltimore	City, Maryland OF (If not in hospita	l or institu	tion give	street address or	A. STATE Maryland	B. COUNTY	before admission)
HOSPITAL OR				location)	C. CITY OR TOWN	(If outside correrate on	nite, write it OFAL and give township
	South Baltimo	re ven	eral		Baltimore	V 3	
				Yrs. Mos.	D. STREET ADDRESS		
5. SEX	stay in Baltimore	7. SINGL	E. MARR	Days	8. DATE OF BIRTH	9. AGE (in years)	Il Under 1 Year Il Under 24 Nous
Female	White		rried	ORCED (Specify)	8/21/88	63	Months Days Hours Min.
	CCUPATION (Givekind of tof working life, even if retired)	10B. KIN	D OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housew	ork	Home			South Carol:		
13. FATHER'S	NAME	,			14. MOTHER'S MAIDE	?	
15 WAS DECEAS	SED EVER IN U. S. ARMED	FORCES?	16. SC	OCIAL	17. INFORMANT	<u> </u>	ADDRESS
Yes, no or unknown	(If yes, give war or dates	of service)		CURITY NO.	Family - Sa	am a	ADDICEOS
18.				CAUCE	OF DEATH	:=III(C	INTERVAL BETWEE
OF RISE TO UNDER!	ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVE STATING T AST.	ON.	(B) JE TO (C)			
	OF OPERATION 1	9B. MAJOI	R FINDII	NGS OF OPER	ATION		20. AUTOPSY?
UNDERLYI	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.					(If in Baltimore City	y, give exact location)
	(Month) (Day) (Year	(Hour)	21E. IN.	NOT WHILE		JURY OCCUR?	
the e	widence obtained hu	rge of the	e remain	ns described o	nauiry, find that so	icide \square , homicide \square	the day stated above, undetermined \square .
23A. SIGN.	178	Fre	shor		.D. MEDICAL INVEST	TIGATOR	7/26/52 23c. DATE SIGNED (State)
24A. BURIAL, TION, REMOVAL	7/30/52			ME OF CEMETE		Columbia, S.C.	
DATE RECEIV		+	Willi	Bus Mit	25, FUNERAL DIRECT		BOE. Fost A
V S 151		0		(1.		V



BALTIMORE CITY HEALTH DEPARTMENT

B	7087	15 HH		CERTIFIC	CATE	OF DEATH		Regist	tered No.) 17	1087
1.	NAME OF Daype or Print)	JOH!	v /	7MBRO	SE		2	. DATE OF DEATH =	July	27	11952
B. H	PLACE OF E Baltimore FULL NAME OSPITAL OR ISTITUTION	City, Maryland	al or instituti	on, give street add	dress or cation)	4. USUAL RESIDEN A. STATE Marylar C. CITY OR TOWN Baltimo	nd (If outs	B. COUI	VTY	befor	residence re admission AL and give township
F	ength of s	stay in Baltimore	9 ;	years	Yrs. Mos. Days	D. STREET ADDRESS	S (If rura		tion)		
	male	6. COLOR OR RACE white	marri	. MARRIED. ED, DIVORCED (Od.		8. DATE OF BIRTH	09 4	+3 yr:	ay) Month	B Days	If Under 24 Hours Hours Min.
WOL	done during most lectric FATHER'S			of Business INDU ehem Ste	JSTRY	Fairmont \	Virgin	nia	12	CITIZE WHAT	OF COUNTRY
1.3	. FATHER S	NAME ?		Ship	4001	14. MOTHER'S MAID	EN NAME				
15 (Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date NONO	FORCES? s of service)	16. SOCIAL SECURITY		17. INFORMANT Belle Ambro	ose la	24 S.	Eden		V
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDITIONS TO THE DEATH, BUT	TH of dying, e. g of dying,	(B)		RHOSIS	0 <i>F</i>	Liv	ER		AL BETWEEN
CE		OF OPERATION 1		FINDINGS OF	OPERA	TION				20. AL	UTOPSY7
EDICAL	UNDERLYIN	NAL CAUSE WAS G D OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY			(If in	Baltimore	City, give		
Σ	21b. TIME	(Month) (Day) (Year)	W		WHILE WORK	21f. HOW DID IN	NJURY OC	CUR?			
	the ev	fy that I took char idence obtained by ath in my opinion	said Autor	psy. Inspection	n or In	Aut quiry, find that so	topsy, Inspe aid decea aicide [],	ection or II sed died homicide	on the d	lau star	ted above, ed □.
B	a. BURIAL. (S N, REMOVAL (S Urial	July 29		AC. NAME OF CE	ER	ASSISTANT MEDI MEDICAL INVEST	TIGATOR	TION (City	7- , town, or c	2-7- ounty)	Motate) Balto.
	TE RECEIVE CAL REGIST	RAR	SIGNATUR	1/1/1/1/1	4 6 5	SAUSE FUNE		OME 12		Char	rleght

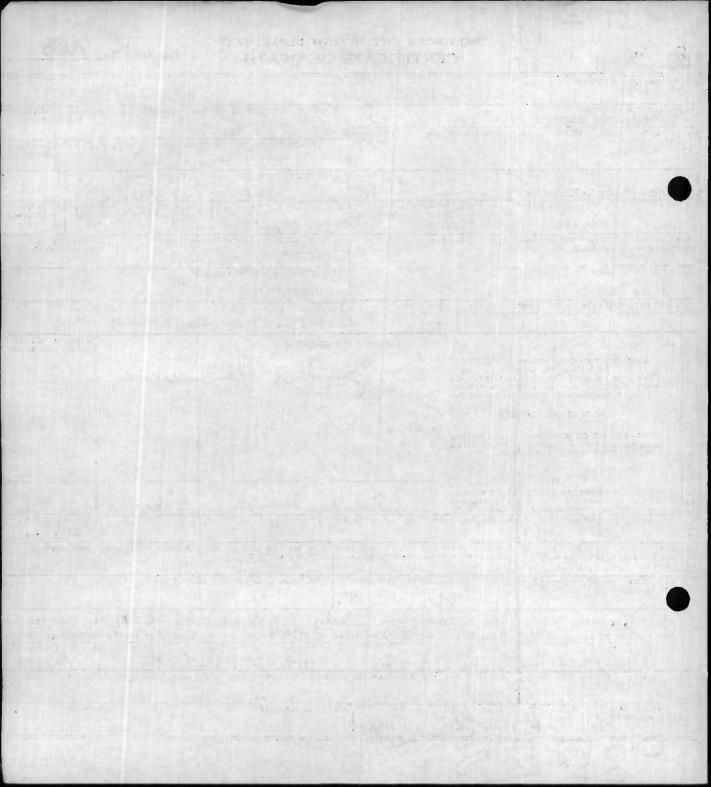
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STANDERS OF AVER 2. The second Lawrence

52, 7088

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

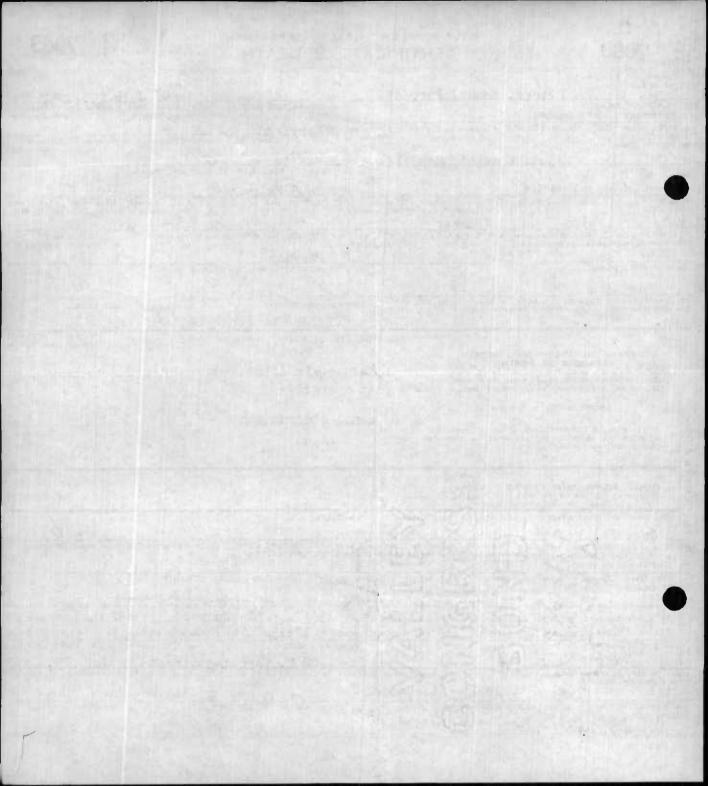
B	RTH NO	30				Edulation.	
1. (T	NAME OF D		ROLINA	J. FRANZ		OF July	y 26, 1952
B.	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	City, Maryland 3		ssland Ave. ion, give street address or location)		Where deceased lived, I B. COUNTY outside corporate limi	before admission
	ength of s	tay in Baltimore		67 yrs. Yrs. Mos. Days	D. STREET ADDRESS (If 3315 Cro	rural, give location) ossland Ave.	
F	sex emale	6.COLOR OR RACE White	Singl	E, MARRIED, /ED, DIVORCED (Specify) &	Sept. 15, 1874	9. AGE (In years last birthday) M	If Under 1 Year on the Days Hours Min.
1C worl	A L NOME	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Germany	reign country)	12. CITIZEN OF WHAT COUNTRY
15	John Ha Was Decease John Ha John Ha		FORCES?	16, SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NA Susanna Oelschl 17. INFORMANT	legel	ADDRESS
	No 18. 45 DISEAS (This does heart failu	SE OR CONDITION LEADING TO DEA's not mean the mode of tre, asthenia, etc. It mea complication which of	DIRECTLY IH of dying, e. of ns the diseas caused death	CAUSE	Henry H. Franz 3	3315 Crossla	INTERVAL BETWEEN DNSET AND DEATH
AL CERTIFICATION	OTHER S TRIBUTING	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE DR CONDITION OF OPERATION	STATING THAST. TIONS CONNECTED NOT RELATE	(C)	in lemplique	, grite.	20. AUTOPSY?
MEDICA	HOMICIDE	(Specify) (Month) (Day) (Year)	about home, f	ACE OF INJURY (e.g., in arm, factory, atreet, office bldg., e	etc.) INJURY OCCUR?	f in Baltimore City,	1.20
TIC	22. I hereb deceased all 23A. SIGNAT 4A. BURIAL (S ON. REMOVAL (S Burial ATE RECEIVE	CVEMA- 24B. DATE July 29	1952	deceased from and that death occur M.D. 24C. NAME OF CEMETE Loudon-Park RE	RYDR CREMATORY 24D. LO 25. FUNERAL DIRECTOR Ullrich Funeral Ho	He causes and on the causes and the causes are caused and the causes are caused and the causes and the causes are caused and the c	23C. DATE SIGNED 7/27/52 1, or county) (State) ADDRESS
	VS 150	0					



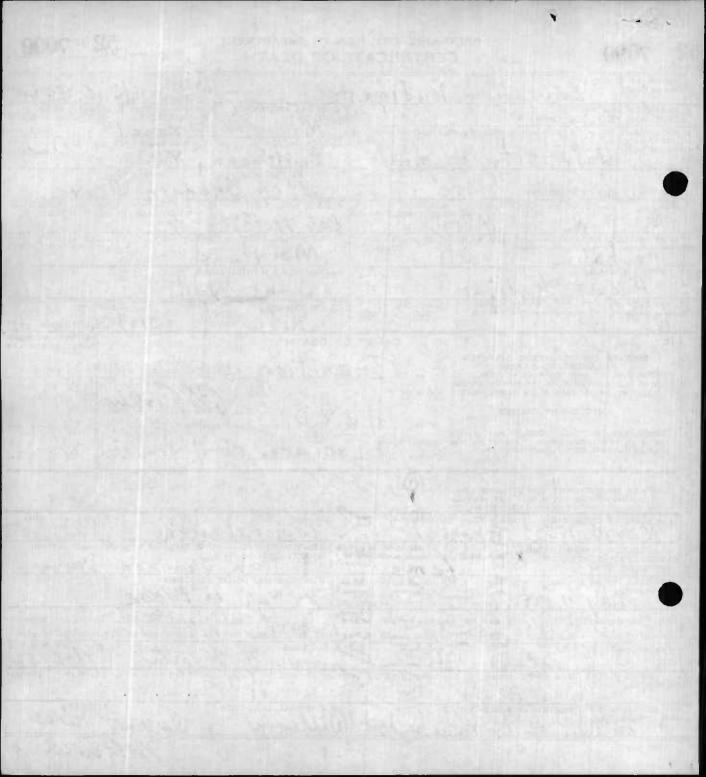
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3	PROM
BIRTH	NO.

CERTIFICATE OF DEATH Registered No. 7089

BI	RTH NO.		- 1995	CERTII ICATI	L OI BLAIII					
1.	NAME OF D	ECEASED				2. DATE				
(1	ype or Print)	Jones	Edwan	d Formest		OF DEATH T	3 05 3	000		
Jones, Edward Forrest 3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. H institution: residence A. STATE B. COUNTY before admission)						
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate li				
	Alah maran	St.	Joseph!	s Hospital	Baltimore	#22		township)		
	7.1		- Contract of the contract of	Yrs.		(If rural, give location)				
	ngth of s	tay in Baltimore		Mos. Days	2h03 Fairway		3 22			
5.	SEX	6. COLOR OR RACE	7. SINGLI	MARRIED	8. DATE OF BIRTH	I Q ACE UN VOSPE	If Under 1 Year	if Under 24 Hours		
1/	ale	Wind to		/ED, DIVORCED (Specify)	Dec. 9, 1886	last birthday)	Months Days	Hours Min.		
		White CUPATION (Give kind of	Wido	OF BUSINESS OR		or foreign country)	1 12 61717	(ENLOS		
worl	done during most	of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR					
				Sen	Maryland					
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME				
	Henry				?					
15 (Y~	. WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS			
	No.	(1) your give was or daso	s or service;	SECURITY NO.	Charles E. Jon	es 2403 Feire				
	18. 54	154		CALICE	OF DEATH	CD 2400 Tall		VAL BETWEEN		
	000	V X		CAUSE	OF DEATH			AND DEATH		
		E OR CONDITION	TH							
	(This does	not mean the mode o	f dying, e. s	(A) Acute (lastric dilatat	ion	*************			
	injury or	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Due to post operative								
	ANTECEDENT CAUSES									
7	(B) Duodenal obstruction									
ō	DISEASES	S OR CONDITIONS, II	ANY, GIVIN	IG	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•••• •••• •• •• ••• •• •• •• •• •• •• •	***************************************	***************************************		
F	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	IE DUE TO			100			
O				(C)						
ERTIFICATION										
R		IGNIFICANT CONDI					-			
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			-000			
				FINDINGS OF OPER	ATION		1 20.7	AUTOPSY?		
AL	Jan Dag (3		nal obstruction			YES			
ō		PENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., is	or 21c. WHERE DID	(If in Baltimore Cit				
EDICAL	LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg., e	to.) INJURY OCCUR?		, , ,			
Σ	CAUSE OF		(Hous)	Ata IN HIDV OCCUPA	ED 21- HOW DID IN	UDV OCCUPA				
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR7				
K			m.	WHILE AT NOT WHILE						
	22. I hereb	y certify that I att	ended the	deceased from July	7 13 , 19 52 to	July 25 19	52 that 11	ast sam the		
	deccased al	ive on July 25	1952	and that death occur	red at 12:15pn., from	n the causes and or	the date of	tated ahove		
13	23A. SIGNA	TURZ	,	2	3B. ADDRESS	TO CHEC CONTROL OF		TE SIGNED		
	(.)	Mhi D	1	м. D.	1100 N. Carol	ina Street		25. 1952		
24	N. REMOVAL	CREMA- 248. DATE			RY OR CREMATORY 24E	LOCATION (City, to	wn, or county)	(State)		
HIL	n REMOVALOS	July 28,		Mt. Varmel.	The second of th					
	TE RECEIVE					Baltimore,				
LC	CAL REGIST	RAR - 1 6-	4	TU MED	25. FUNDRAL DIRECTO	DR *	ADDRES	5		
	JUL 28	3 195/2 Thurton	grow 1	muanne, my	Ullrich Funeral	Home 2112 Du	indalk A	ve.		
	VS 150		U	7.	-9					
					- 0 0					



52 7090 BALTIMORE CITY HEALTH DEPARTMENT Registere	.52 7090
CERTIFICATE OF DEATH Registere	ed No.
13 NAME OF DECEASED (Type or Print) Edward Rudiger 2. DATE OF DEATH Ju	dy 26, 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSAL TO HOSPITAL OR (If outside corporate leading) Respectively.	limits, write RU/AL and give to ship)
congth of stay in Baltimore Aire Mos. Days D. STREET ADDRESS (If rural, give location 3/09 5434464)	Drive
M Martied Feb. 19, 1880 72	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done dufting most of working life, even if retired) Chanic Oil Business or 11. Birthplace (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hugust Rudiger Butter. 14. MOTHER'S VAIDEN NAME Harden NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no on unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO.	9 Shannon Dr.
18. 443 X CONDITION DIRECTLY CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	PROVED BY
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	Par M. D.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO C. Y. D. CHIEF OR ASST. MEDIC. L. J. P.	AL EXAMPLE.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	nect 2/2 mo.
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 1	20. AUTOFSY?
May 14, 1952 Fracture right femoral neck	YES NO
LYING OR CONTRIBUTING about home, farma factory, street, office bldg., etc.) INJURY OCCUR?	ty, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
May 11 19 / m. WHILE AT NOT WHILE W Fall to Floor 22. I hereby dertify that I attended the deceased from July 1957 to July 20 19	952 that I last saw the
deceased alive on July 26, 1952, and that death occurred at 923 Am., from the causes and o	n the date stated above.
23A. SIGNATURE Stemett M.D. University Hospital	7/26/52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 7/29/52 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, to	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR CICK	ADDRESS NEW PLANS
VS 150 N-870.0 55424 1 7A	Ma aires



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate likets, write township Yrs. (If rural, give location, Mos. ength of stay in Baltimore Days 9. AGE (In year) WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY DECUR?

INJURY OCCUR?

O. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED WHILE AT

22. I hereby certify that I attended the deceased from deceased alive on 23A SIGNATU

195 that I last saw the from the causes and on the date stated above.

24A. BURTAL, CREMA-TION_REMOVAL (Specify)

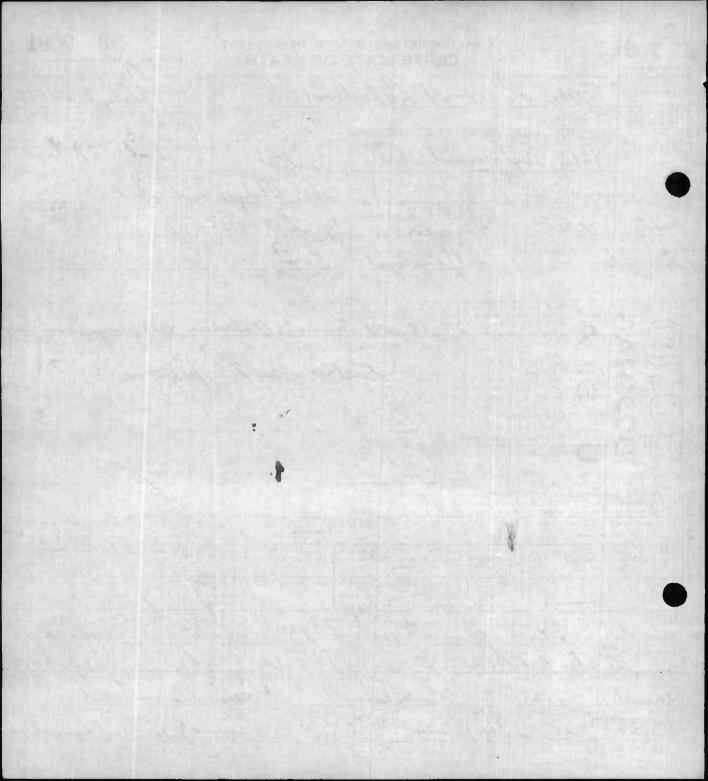
21A. ACCIDENT, SUICIDE,

HOMICIDE (Specify)

DATE RECEIVED BY

VS 150

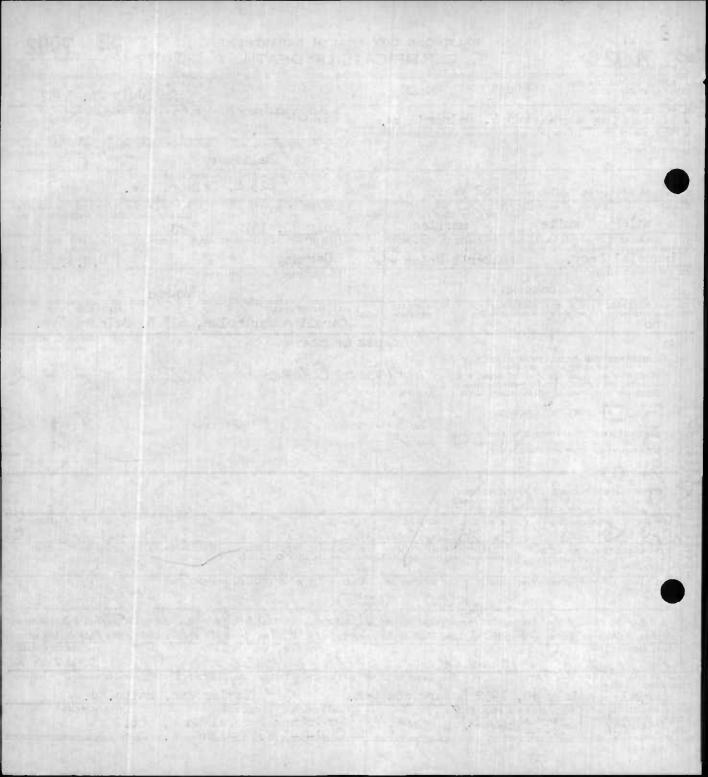
(If in Baltimore City, give exact location)



16	3	4	-
D2 BIR	1 1 HT	70	92

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RIH NO.						
1. (T	NAME OF D ype or Print)	ECEASED ED	UARD BA	RTHOLME		OF July	26, 1952
Α.	PLACE OF D Baltimore (City, Maryland 62		Inord Ave.	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
H	STITUTION	OF (If not in nospit	al or institut	ion, give street address or location)			, vrite RUPAL and give township)
G:	Length of s	tay in Baltimore	62 y	ears Yrs. Mos. Days	b. STREET ADDRESS (IF	rural, give location) Belnord Ave.	
5.	sex male	6.COLOR OR RACE		E. MARRIED. (ED. DIVORCED (Specify) Arried	B. DATE OF BIRTH July 30. 1872	9. AGE (In years last birthday) Me	onths Days Hours Min.
worl	done during most of inancial			of BUSINESS OR INDUSTRY S Union #68	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13	. FATHER'S				14. MOTHER'S MAIDEN N	IAME	
		unknoi				unknown	
15 (Yes	. WAS DECEASI , no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Carolina Barthol		Inord Ave.
CATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which is the complication which is the complete of the comp	TH of dying, e. g ons the diseas caused death SES F ANY, GIVIN STATING TH	(A) Toying	of DEATH also ption of Col		interval between onset and death 3 days
L CERTIFI	TRIBUTING	II IGNIFICANT CONDI 5 TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATE	i-	RATION		20. AUTOPSY?
1EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home,	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (ob.) INJURY OCCUR?	If in Baltimore City,	yes No give exact location)
Σ	D. TIME	(Month) (Day) (Year,		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		Y OCCUR?	Haria moulisia
N				deceased from M4	arch , 1951, to freed at 6:40 P.m., from		that I last saw the he date stated above.
	Mick	sel l. L	ous	ek M.D.	4636 Belair	Road	23c. DATE SIGNED 7-27-52
TIC	Burial	pecify) July 30,		Parkwood Cem	0 0 0 7 1	or Ave. Balto	
16	CAL RECEIVE		s SIGNAT!	Villiaus, M.P.	25. FUNERAL DIRECTOR Schimunek Funera 2601-3-5 E. Madi	1 Home, Inc.	ADDRESS
	VS 150	1244444	0 6			NOTE TO SECULATE THE PERSON OF	



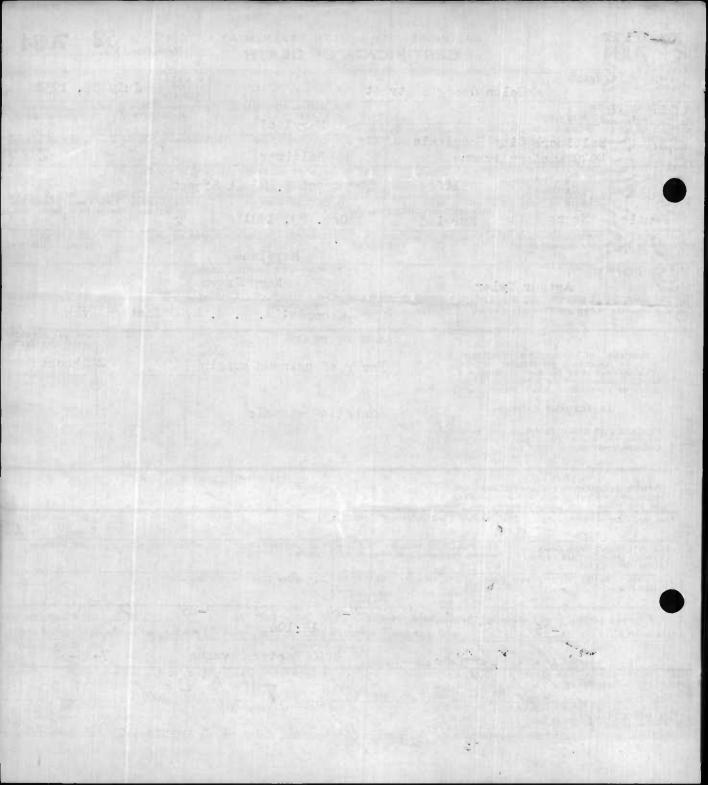
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 17093

B	RTH NO. JU	5		CERTIF	ICAIL	OF DEATH	8-2-6-34-4	7000
1.	NAME OF DE	ECEASED					2. DATE	
(1	ype or rrint)	Ma	ry Nen	nic (Mar	ie Nem	ec)	DEATH Jul	y 25, 1952
	PLACE OF DE Baltimore C	ity, Maryland				4. USUAL RESIDENCE (WA. STATE		
H	FULL NAME (OSPITAL OR ISTITUTION	OF 'f not ia hospit	al or institut	ion, give strect	address or location)	c. CITY OR TOWN (II	outside corporate imi	Baltimore ts, write RURAV and give
0		803 N.	Lakewo	od Ave		Baltimore	e /-	- (township)
					Yrs. Mos.	D. STREET ADDRESS (If		
	ength of st	ay in Baltimore		65 yrs.	Days		kewood Ave	
h	F	6. COLOR OR RACE	WIDOW	e, MARRIED, red, DIVORCE owed		8. DATE OF BIRTH Oct. 15, 1869	9. AGE (In years last birthday) M	If Under 1 Year on the Days Hours Min.
10	A. USUAL OCC	UPATION (Give kind of	IOB. KIND	OF BUSINES		11. BIRTHPLACE (State or fo		12. CITIZEN OF
wor.	house	working life, even if retired)	at h	nome IN	IDUSTRY	Czechoslovakia		WHAT COUNTRY?
13	FATHER'S N					14. MOTHER'S MAIDEN NA	AME	
		Thon	as Kubi	in		Mar	ie Kovar	
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURI		17. INFORMANT Elsie A. Lunak,	above	DDRESS
ERTIFICATION	(This does heart failur in jury or DISEASES RISE TO THURDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of th	FH f dying, e. s. ns the disease aused death SES ANY, GIVIN STATING THEST.	e, .) DUE TO (B) (G)	Art	ebral Vascular eriosclerosis		
ERTI	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D				
IL C		ONO 1	96. MAJOR	None	OF OPERA	TION		20. AUTOPSY?
EDICAL	UNDERLYING	AL CAUSE WAS OR CONTRIB- AUSE OF DEATH.	21B. PLA about home, f	CE OF INJUR arm, factory, street, NC	Y (e. g., in coffice bldg., etc.	21c. WHERE DID (If	in Baltimore City, None	give exact location)
Σ	21D. TIME (I	Month) (Day) (Year)		21E. INJURY		21F. HOW DID INJURY	OCCUR?	
r		None	m. V		AT WORK		None	
	the evic	lence obtained by th in my opinion	said Auto	psy, Inspect	ion or In	ove, held an Inspectory, I Autopsy, I quiry, find that said demander of accident of suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E	nspection or Inquiry ceased died on the \Box , homicide \Box , the XAMINER \Box 23	andetermined .
24	A. BURIAL. CI N. REMOVAL (Sp Burial	ecify			EMETER	Y OR CREMATORY 34D.	OCATION (City, town,	
				Oak Hil	4		's Lane, Ba	
LC	TE RECEIVED FAI REGISTR	ABO III A:	ston 1	Miliaus.	A Si manage	Schimunek Funeral 2601-3-5 E. Madis	Home, Inc.	ADDRESS
V	S 151	200			42			

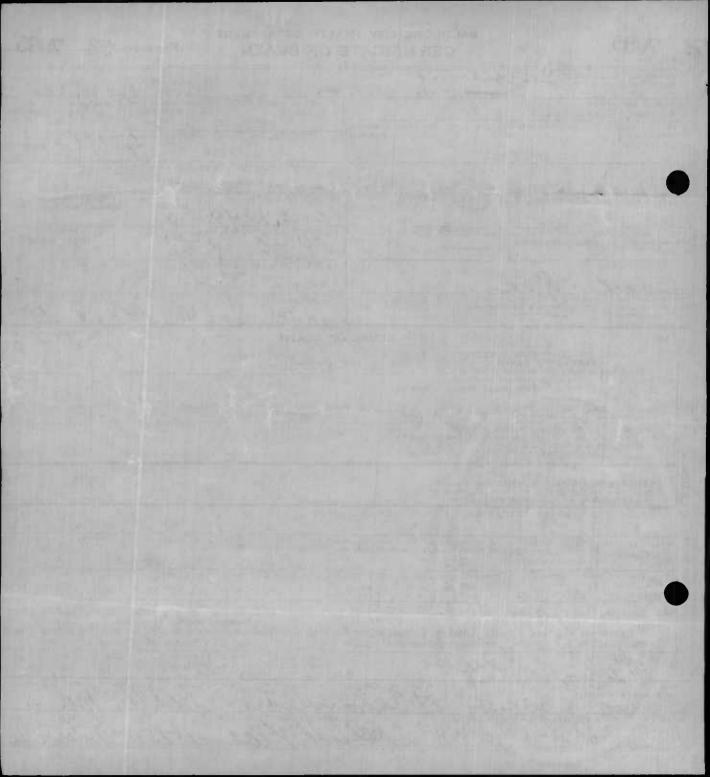
Charles and there is not been an our to the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	elen Georgia Street		2. DATE OF DEATH	ely 25, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (1 A. STATE Maryland		If institution; residence hefore admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION Baltimore Ci 4940 Eastern	ity Hospitals locati		f outside eorporage lin	mit, write RURAL and give township)
ongth of stay in Baltimore	life M			
5. SEX 6. COLOR OR RACE Negro	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe Married	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rook done during most of working life, even if retired)	108. KIND OF BUSINESS OF		oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Arthur		14. MOTHER'S MAIDEN N Mary Bro		
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or naknown) (If yes, give war or dates	D FORCES? 16. SOCIAL SECURITY NO	Becords: B. C. H	. 4940 East	ADDRESS ern Ävenue
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of the control	DIRECTLY TH of dying, e. g., ins the disease, raused death.) DUE TO SES F ANY, GIVING STATING THE DUE TO (B) (C) TIONS CON-	E OF DEATH ver of unknown orig abetic acidosis	in	onset and death 24 hours ?
TO THE DISEASE OR CONDITION	98. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. about home, farm, factory, street, office b	g., in or 21c. WHERE DID (dg.,etc.) INJURY OCCUR?	If in Baltimore City	y, give exact location)
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCU m. WHILE AT NOT WE WORK AT WO	RK		
22. I hereby certify that I attended deceased alive on 7-25	ended the deceased from, 192, and that death or	7-24 19 ⁵² , to curred at 12:104 m., from t	he causes and on	
24A. BURIAL, CREMA- 24B. DATE	24C, NAME OF GEM	23B. ADDRESS 4940 Eastern Ave	OCATION (City, tov	23c. DATE SIGNED 7-25-52
DATE RECEIVED BY REGISTRAR'S LOGAL RECOID RAW VS 150	s signature Williams M	25 FUNERAL DIRECTOR	Allano 9	ADDRESS 32-



2	00	BALTIMOR	E CITY HE	ALTH DEPARTM	ENT :		
北	103549-19198	CERT	TIFICATE	OF DEATH	Regist	ered No.2	7095
1	NAME OF DECEASED Lan	sel y	LEE.		2. DATE OF	T7 0F	3050
	PLACE OF DEATH: Baltimore City, Maryland	V	Line,	4. USUAL RESIDEN A. STATE	DEATH ICE (Where deceased I		on: residence efore admission)
В		al or institution, give s	street address or location)	c. CITY OR TOWN	land (If outside corpore	ite imits, perite)	
	Mercy Hospi	tal			imore	2-00	township
	ength of stay in Baltimore	lefe	Yrs. Mos. Days		s (If rural, give loca East Street	tion)	
5	.sex 6.COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIVE	IED, ORCED (Specify)	8. DATE OF BIRTH	49 9. AGE (In y last birthd	ears If Under 1 Yes ay) Months Da	
	Male Colored OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND OF BUS	SINESS OR INDUSTRY	11. BIRTIPLACE (St.	Coly		TIZEN OF HAT COUNTRY
1	3. FATHER'S NAME			14 MOTHER'S MAIL	TWO MANE		
	5. WAS DECEASED EVER IN U.S. ARMED co, no or unknown) (If yes, give war or date)		CIAL CURITY NO.	17. INFORMANT	Sec 422	ADDRESS	2 44
RTIFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complex of th	TH of dying, e.g., uns the disease, caused death.) DU: SES FANY, GIVING STATING THE DU SST.	B)	fracture			SET AND DEATH
ERTIFI	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
O	19A. DATE OF OPERATION 1	9B. MAJOR FINDIN	GS OF OPERA	ATION		20 YE	AUTOPSY?
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF about home, farm, factor	INJURY (e. g., in y,street,office bldg.,et	400 bloc	k of East St.	113 015	ct location)
Σ	21D. TIME (Month) (Day) (Year) FINJURY July 25, 1952 12:0	(Hour) 21E. INJ	NOT WHILE		an struck by	truck	202
	22. I certify that I took char			At	itopsy, inspection or l	nquiry	
	the evidence obtained by and death in my opinion	said Autopsy, In resulted from: n	spection or It atural causes	, accident . 8	uicide 🔲, homicid	e []. undeter	mined \Box .
	23A. SIGNATURE	THE THE		D. MEDICAL INVES	DICAL EXAMINER DICAL EXAMINER STIGATOR	B July	25, 1952
X	34A. BURIAL, CREMA 24BBATE 10N. REMOVAL (Specify)	52 my	Calva	RY OR CREMATORY	· Call	(b, m	d ,
	OCAL REGISTRAR REGISTRAR	s SIGNATURE	Wa- KNEST	A Walle	CTOR 15/5	me Wal	erson It
1	S 151						



528	1 10/1100	EALTH DEPARTMENT	Registered N	52 7096		
	NAME OF DECEASED BOLTE, SARAH AN	VNA	OF	7·44		
B.	PLACE OF DEATH: Baltimore City, Maryland SALTIMORE CITY FULL NAME OF (If not in hospital or institution, give street address of STITUTION FRANKLIN SQUARE Hospital or institution, give street address of STITUTION FRANKLIN SQUARE HOSPITTING CAL HOUN ST.	c. CITY OR TOWN (If or	B. COUNTY	nstitution: residence before admission)		
4	ngth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If ru		Munal		
	Female While 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific MATTIR)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	Under I Year H Under 24 Hours this Days Hours Min.		
war	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) House Wife	11. BIRTHPLACE (State or fore	eign country)	WHAT COUNTRY		
	Peter Henry Wilhelm	14. MOTHER'S MAIDEN NAM	иЕ			
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT GEORGE V.	BOLTE AL	JAME		
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)A.He	OF DEATH CARDIAL FAILUR PHERAL VASCUITO - Scherolic	FRANT.	INTERVAL BETWEEN ONSET AND DEATH		
FICATION	PISE TO THE ABOVE CALISE (A) STATING THE DUE TO	rio-Sclerosis.	4.321			
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cystectomy +	or chromi	e		
CAL		OLECYSTITIS		YES NO		
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., ebout bnme, ferm, fectory, street, nffice bldg		in Baltimore City, g	ive exact location)		
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT					
	22. I hereby certify that I attended the deceased from 7/	26/5 , 1952 to 7/	27 , 1953	that I last saw the		
	deceased alive on 7/27, 1952, and that death occurs. SIGNATURE M.D.	Franklin Squar	u Hosp.	e date stated above. 23c. DATE SIGNED		
	A. BURIAL, CREMA- PREMOVAL (Specify) LILY 30/57 Pleasen ATE RECEIVED BY WEEKINDER & SIGNATURE	Sure But Beerlan	elto co	or county) (State)		

VS 150

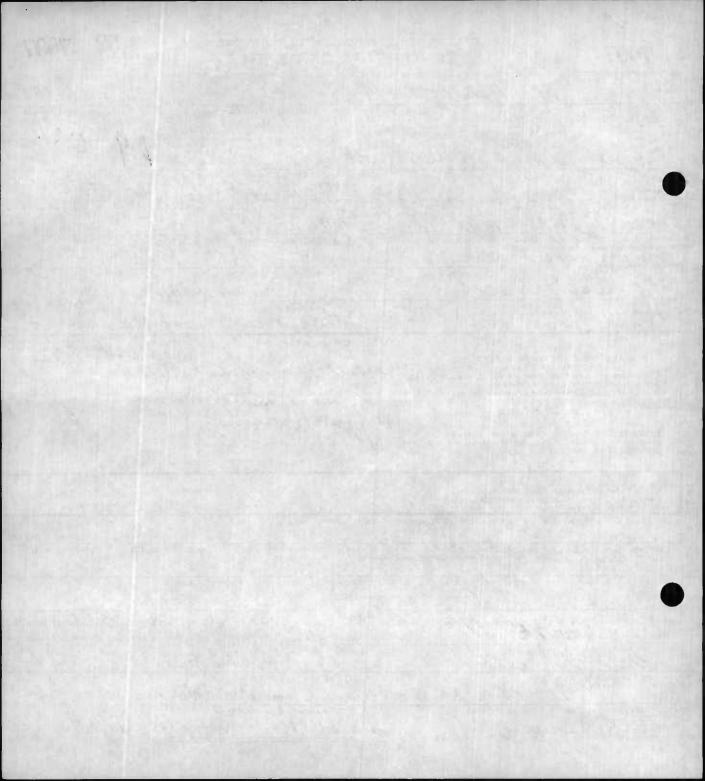
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	L OI BLAIII
1. NAME OF DECEASED MRS. HENRIETTA M.	Holmes 2. DATE OF JULY 26-1952
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before addression)
B. FULL NAME OF (If not in hospital or institution, give street address of location)	ma la olle
INSTITUTION 331 S. FULXON AND	c. CITY OR TOWN (If outside corporate lines, write DURA), and give (township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	221 S EULTON HUR
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	B. DATE OF BIRTH 19. AGE (In years) if Under I if Under 24 Junes
Temale while MARRIED	MAY-1X-1889 63 2011 Bays nothis Min.
IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	BALT, 1701e - 1019
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS WAS DECEASED EVER IN H. S. ADMED EDUCES LAG COCKE	Nicholson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service) ACC 16. SOCIAL SECURITY NO.	JAMES FALTER 626 S. PAYSON ST
	OF DEATH
DISEASE OR CONDITION DIRECTLY	one releast onset and DEATH
(This does not mean the mode of dving e a	al Hemorrhay love old?
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES . /	
DISEASES OR CONDITIONS, IF ANY, GIVING	perfusion :
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	살이 되었다며 그런 그 사람들이 아니라 없었다. 얼마나 아르는
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
0	YES NO 4
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURE INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from M.	195, to July b, 195, that I last saw the
deceased alive of the , 1957, and that death occur	rref at UT m., from the copies and on the date stated above. 234 ADDRESS 23c. DATE SIGNED
M. B. Johneiber M.D.	54 f. Fultonane 1:21.5V
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 1-30-3 & NEW CATHER	VAL Com BLATTEDERICK Rd- DANNed
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
UL 28 1952 It to Williams Most	Thomas J. KeNNY-INC-1000Hollins Jr
VS 150	

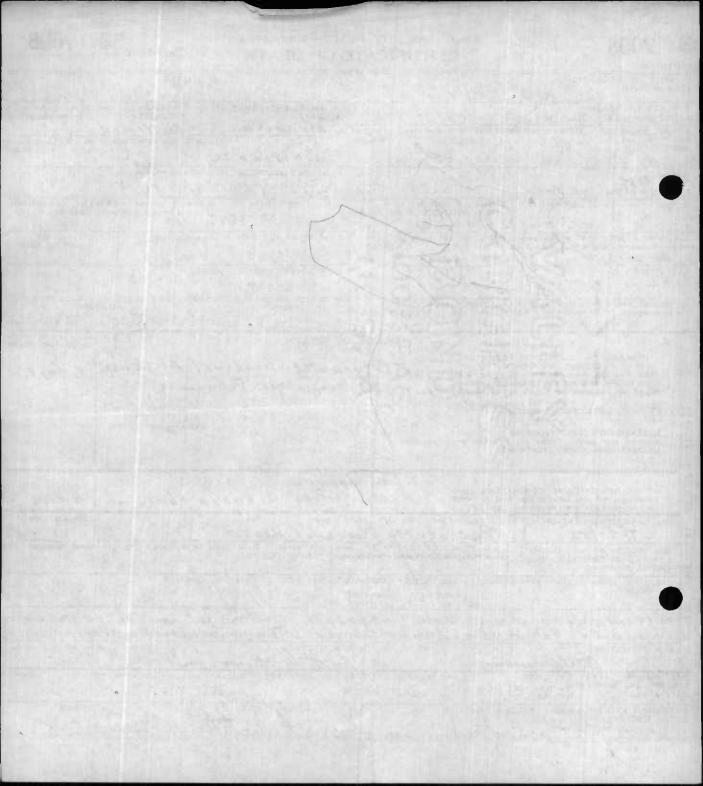


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

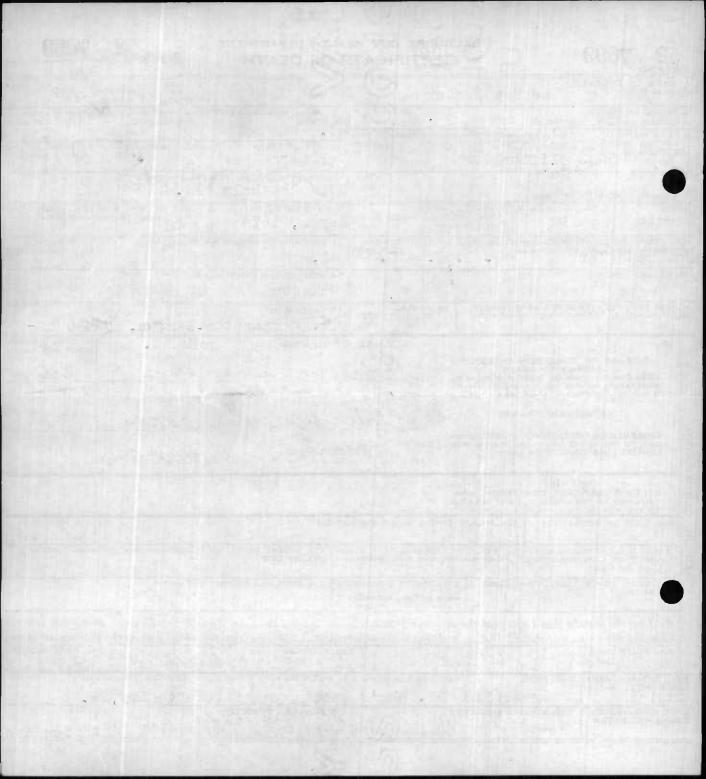
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE	15,000			
(Type of Frint) Lillians Ochlining	DEATH	16,1952			
A. Baltimore City, Maryland So. Balto Cten. Hosp.	4. USUAL RESIDENCE (Where deceased lived, It institute a. STATE B. COUNTY	before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
INSTITUTION	C. CITTOR TOWN (II outside corporate times, wi	te RURAL and give township)			
South Baltimore LEN- Mospital	D. STREET ADDRESS (If rural, give low tion)				
Tife Mos.	3212 STRICLAND ST: 29				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		I Year If Under 24 Hours			
Female, white WIDOWED, DIVORCED (Specify)		Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		CITIZEN OF			
work done during most of working life, even if retired) INDUSTRY		WHAT COUNTRY			
HOUSEWIFE OWN home	Baltimore, Maryland				
	14. MOTHER'S MAIDEN NAME				
Conrad Leffler	Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (You, no or unknown) (If you, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Charles H. Schlining, 3212	Stricklan			
18. 741 / CAUSE	OF DEATH	INTERVAL BETWEEN			
37/		ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	GRated Duodenal WIERROITE Generalized Peritonitis				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	oreared order	6 2295			
injury or complication which caused death.) DUE TO	TENETE / TERITORITIE				
ANTECEDENT CAUSES					
Z (B)					
O DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(c)					
Chy nsphnitis.					
OTHER SIGNIFICANT CONDITIONS CON-	follow to the	0			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	failure - auricular fibrilation	4 days			
19A, DATE OF OPERATION , 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?			
1/21/52 PERforated Dus	odenal UICER	YES NO			
	in or 21c. WHERE DID (If in Baltimore City, give	exact location)			
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?				
INJURY WHILE AT NOT WHILE					
m. WORK AT WORK					
22. I hereby certify that I attended the deceased from	c/4 21 , 1952, to July 26 , 1952, th	at I last saw th			
deceased alive on July 26, 1912, and that death becur	rred at 654 m., from the causes and on the d	ate stated above			
23A. SIGNATURE 2	23B. ADDRESS 23	C. DATE SIGNED			
Williamore M.D.	South Practimors Beal 1800 1	1/26/52			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		ounty) (State)			
Burial (Specify) July 29/52 Loudon Parl	k / Baltimore, Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE					
	L 28 FUNERAL DIRECTOR	DRESS			
LOCAL REGISTRAR	FUNERAL DIRECTOR 10 AD	DRESS			



\$525 52 7099

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

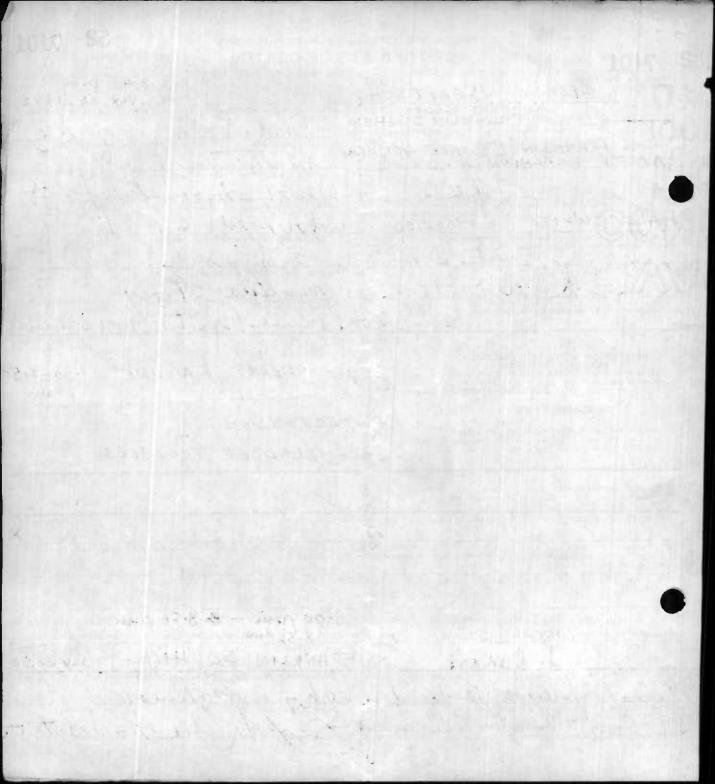
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Sue May Har	ıson		2. DATE OF JUI	Ly 25/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE		If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institute HOSPITAL OR Clifton Nursing Institution 3502 Clifton Ave	ion, give street address or location)		If outside corporate lin	nts, write leulbal, and give township)		
c. Length of stay in Baltimore	Yrs. Mos. Days	5704 Chesholm				
Female White Wicow	e, married, yed, divorced (Specify) Low	May 3, 1874	9. AGE (In years last birthday)	If Under 1 Year It Under 24 Hours Months Days Hours Min.		
Retired Clerk	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Hurtt		Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hiss Margaret		3704 Shes-		
LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	(B) Orte	eral hem rio scleroti voular. hype	e-carde	o 8 ys		
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
LYING OR CONTRIBUTING about home,	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 1 CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or linjury occur? 21c. WHERE DID (If in Baltimore City, give exact location) 1 INJURY occur?					
D. TIME (Month) (Day) (Year) (Hour) INJURY 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK MORK						
22. I hereby certify that I attended the	deceased from	1942, 19 to	+ cely 27 19:	12, that I last saw the		
deceased alive on My 26, 1952		, , , , , , , , , , , , , , , , , , , ,				
23A. SIGNATURE		3B. ADDRESS 2.108 8 h.	Paul St	23c. DATE SIGNED 7/26/52		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) BUTIAL July 28/52	St. John's	CAR SHALL HE PARK TO SHALL SHA	LOCATION (City, tow	n, or county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR		25 JUNERAL DIRECTOR	41	ADDRESS Edmondson Ave		
901 28 1952 J	1.7	1 - 1 - 1000	0	AAE		



Registered No 2. 7100 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE (Type or Print) Mary Anne Weeks OF July 26, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE Md. B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write I INSTITUTION 1300 W. Lafayette Ave. township) Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 1300 W. Lafayette Ave. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years | If Under | Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 1896 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY work deneduring most of working life, even if retired) Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susanna Spriggs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY Hiram Keith 1300 W. Lafayette Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., CARDIO VASCULAR DISEASE heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES BROKEN CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION EDICA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from UNE 10 , 1950, to Uby 36, 1952, that I last saw the deceased alive on VL 4 36, 1952, and that death occurred at 1 Am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) St Peters DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS Tuntington Goo. G. Kelson 1303Presstman St. VS 150 7208A Seo. H.

1 TO 0 200 110 1 1 1 100 15 TO THE PERSON OF THE STATE OF T

6			BA		EALTH DEPARTMENT	Registered No	2 7101
	IRTH NO.	1		CERTIFICAT	E OF DEATH	Aregistereu 110	
(2	NAME OF Type or Print)	GEORG	E BK	PAITSCH	JAPAN TANK	2. DATE 8.40	P.W. 26, 1952
A	Ballimore	City, Maryland	FRANK	ROOM LIN 30. Horn tion, give street address of	A. STATE	(Where deceased lived, li in B. COUNTY	stitution : residence before admission
H	OSPITAL OR	FRANKLIN	1 500	ARE HOSPITAL	c. CITY OF TOWN	If outside corporate lin its	write RURAL and give
1	TAYET	TE & CALL	HOUN'S	7. Yrs.	1. dallie	ince V	township
	ength of	stay in Baltimore		Mos. Days	1231 W	If rural give location	of the
5	MALE	6. COLOR OR RAC	WIDOV	E. MARRIED, VED, DIVORCED (Specify) ARRIED	8. DATE OF BIRTH	9. AGE (In years 1 Un last birthday) Mont	der I four II Under 24 Hours hs Days Hours Min.
1 C	DA. USUAL O	CCUPATION (Give kin t of working life, even if reti	defi 108 KINI	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAMEX PICIS	MAY ?	64 Press	14 MOTHER'S MAIDIN	NAME	
1:	WAS DECEAS	SED EVER IN U. S. AR	10ra	itteh	martka	Trug	
(Ye	s, no or unknown	(If yos, give war or	MED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	raitable 123	RESS AND LA
	18. 5	86×		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITIO	EATH	A	11500-		ONSET AND BEATH
	heart fail	es not mean the mod ure, asthenia, etc. It r complication which	neans the diseas	e.	TE HEART	+ AILURE	1.30-8.5
		ANTECEDENT CA	USES				P.M.
Z	DISEASE	S OR CONDITIONS	S. IF ANY. GIVIN	(B)	DERTENSION		
ATI	RISE TO	THE ABOVE CAUSE (A) STATING TH	E DUE TO	L BLADDER	T00.10155	
FIC				(c)(5AL	L JOLIHODER	IKUUISLES	
RTIF	OTHER	SIGNIFICANT CON	IDITIONS CON			TO THE ENTER	
CE	TRIBUTIN	G TO THE DEATH, BI	UT NOT RELATE	D			
1	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	214 ACCII	DENT WAS UNDER	21B PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Politimon City air	YES NO X
MED		R CONTRIBUTING		arm, factory, street, office bldg.,		(If in Baltimore City, give	exact location)
	21D. TIME OF INJURY	(Month) (Day) (Ye		21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
E			m.	WHILE AT WORK AT WORK			
		by certify that I			8.00 Dim 10	8.50 pian,	hat I last saw the
	23A. SIGNA	TURE	26, 1952	and that death occur	red at 8. Co pn. mom	the causes and on the	date stated above.
		J.	Calar	M. D.	- RANKLIN 5	Q HISP	TULY 26,52
24	AA. BURIAL.	CREMA- 2 B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	
1	Zuria	1 Haly	30,1952	Loudon	Jark = 0 K	Edelineore	
	ATE RECEIVE		R'S SIGNATU	711	25-FUNERAL DIRECTOR	1)0 A	DORESS
-	Mr. 78	952	and the state of t	mams, Ny.	Tred At	Jole 19130	1100Kld, 81
	VS 150	44 - 4 a = -	1000	6835	2		



Registered No 7102 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Coma (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate Mmits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. ength of stay in Baltimore Days AGE (in years | John | Year | If Under 24 Hours | last birthday) | Jonths | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) marria 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Howeville Limore 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES SOCIAL SECURITY NO. ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) James INTERVAL BETWEEN CAUSE OF DEATH 120. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

DUE TO les fur .V le Ken MEDICE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

20. AUTOPS

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

DUF TO

(B) .

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

WORK 22. I hereby certify that I attended the deceased from

1952, and that death occurred at deceased alive on.

21c. WHERE DID

INJURY OCCUR?

19 That I last saw the m., from the causes and on the date stated above.

24c. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED

TION, REMOVAL (Specify)

2 cerial

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

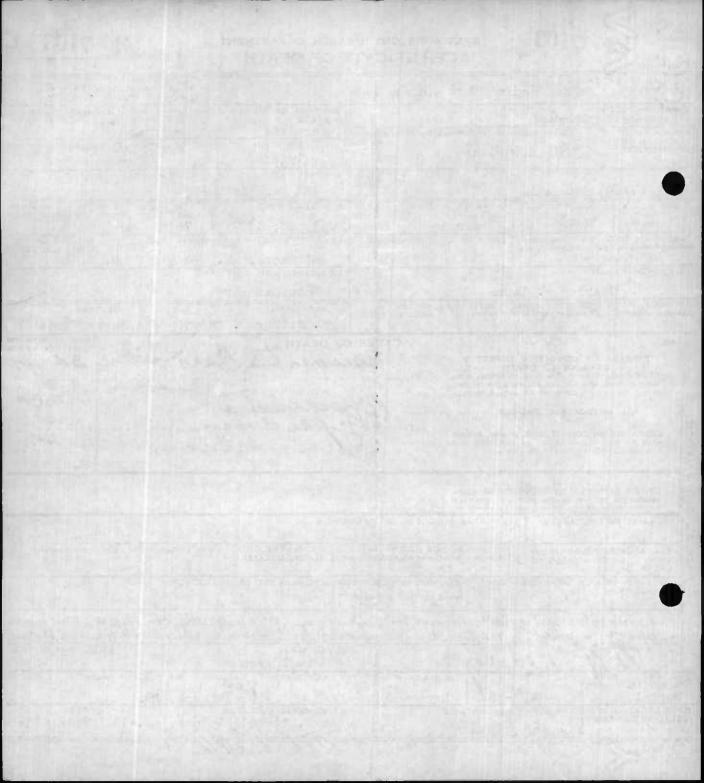
ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

Dr. Blicknew 3426 Bank St. Comment of the second 2 t. 15.00 24 3 . Confiler 11 More Long Market 743 3 Centering - See 10000000 i The married Ballmer 15cm A more Collect force Many Election Frank J. Wille. 7.27.52 sugard Have pertine 1 min (Mary of the State of the State of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Leila Emma	Hama		OF July 26	6, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, given the property of the p	ive street address or location)	A. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If	here deceased lived, If inst B. COUNTY NONE outside comprate limits, w	before admission)
c. Ongth of stay in Baltimore	life ^{Yrs.} Mos. Days	b. Street address (If r 868 Park Avenu	10	
Temale white single	OIVORCED (Specify)	July 26, 1877	last birthday) Month	ler I Year If Under 24 Hours Son Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 13. FATHER'S NAME	BUSINESS OR INDUSTRY	Baltimore, Md.	U.	CITIZEN OF WHAT COUNTRY S.
Charles F. Hanna		14. MOTHER'S MAIDEN NA Emma Saunders	IME	
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Mrs. Arthur C. Me		RESS AW Place INTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A)	joeardeter i berteusy leus Acle	w	Gradual
19a. DATE OF OPERATION 19B. MAJOR FIN	DINGS OF OPER	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, for CAUSE OF DEATH		ED 21F. HOW DID INJURY	f in Baltimore City, give	exact location)
22. I hereby certify that I attended the dece deceased alive on the 16, 19 1 and 1	ased from that death occur	red of m., from the 3B. ADDRESS 1403 Park Avenue	he earses and on the	that I last saw the date stated above 23c. DATE SIGNED 7 - 28 - 52
TION, REMOVAL (Specify)	NAME OF CEMETE	Balti 25. FUNERAL DIRECTOR John O. Mitchell &	imore, Md.	DDRESS
JUL 28 1952 Turtington W.H.	w, 11,72 1	MB Meter	tell	

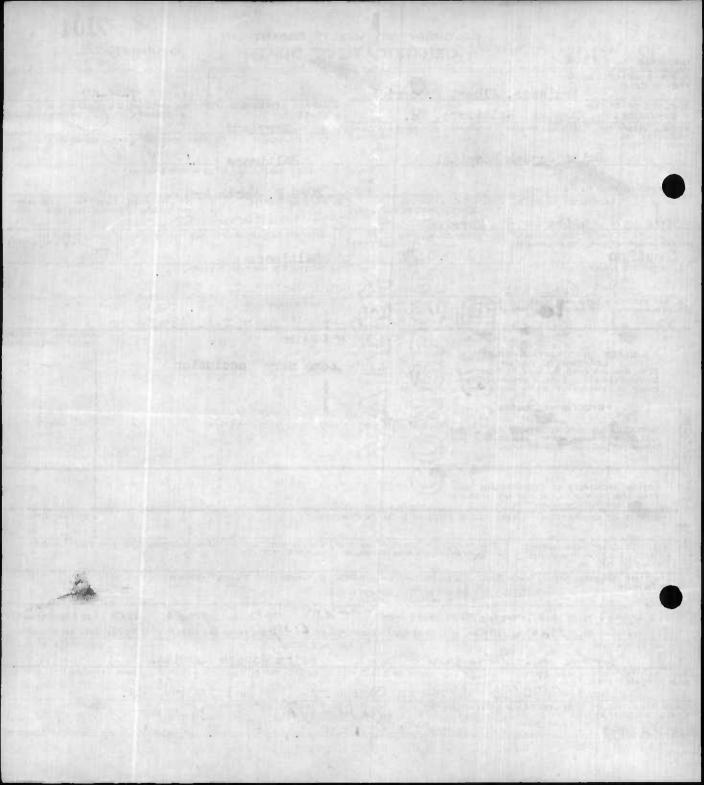


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BALTIMORE CITY HEALTH DEPARTMENT

52 7104

01	RTH NO.	710	14		CERTIFIC	AT	E OF DEATH	Registered	No.	
	NAME OF	DECEASI	ED					2. DATE		
(T	ype or Print)		Krajeser	Alber	t Frederic	6		OF	-26-52	
	PLACE OF	DEATH:					4. USUAL RESIDENCE (V	Vhere deceased lived.		residence
	Baltimore		[aryland]		re, Md.		A. STATE	B. COUNTY	befo	re admission)
H	SPITAL OR		(II not in nospit	ai or instituti		ress or ation)		outside corporate lim	nits/wrife RIII	RAL and give
IN	STITUTION	Sai	nt Jacon	. Wassi	ho 7			X	7)]	township
bo	1	Dal	nt Josepl	1 nosor	Ud.I.	Yrs.	D. STREET ADDRESS (If	rural, give location)	9	
	noth of	stav in	Baltimore			Mos.				
5.	SEX		OR OR RACE	7. SINGLE	E. MARRIED.	Days	8. DATE OF BIRTH	Avenue	If Under 1 Year	If Under 24 Hours
	1607.0				ED, DIVORCED (S	Specify)		last birthday)	Months Days	Hours Min.
10	Male A. USUAL O		hite ION (Givekind of		ried OF BUSINESS (OR.	July 16, 1900	Treign country)	1 12. CITIZI	EN OF
vorl	done during mos	t of working	life, even if retired)		INDU		THE ENGL (State of 1	oreign country,	WHAT	COUNTRY
13	Chauffe's			Balt	o.City		Baltimore 14. MOTHER'S MAIDEN N.	1115	USA	
								AME		
			Kraisse			1	Anna Schwartz			
(Ye	, no or nuknow	SED EVER	IN U, S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT 2028	E. North	ARPRESE	
	no				219-05-7	833	Mrs Margaret	E. Kraisse	er	
	18. 4	20.	1.		CAL	JSE	OF DEATH			AL BETWEEN
	DISEASE OR CONDITION DIRECTLY								0.1321	AITO DEAT
Н		es not me	an the mode o	f dying, e. g	(A)	cute	e coro nary occl	usion		
			enia, etc. It mea eation which c							
		ANIXEC	EDENT CALL	EC.						
7	ANTECEDENT CAUSES									
0	DISEASES OR CONDITIONS, IF ANY, GIVING								**********	************
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.									
0					(C)			8 6 6 6 7 8 6 7 8 6 8 6 6 7 7 7 7 7 7 7	**********	****************
RTIFIC										
ER	OTHER SIGNIFICANT CONDITIONS CON-									
Ü	TO THE DISEASE OR CONDITION CAUSING IT.									
ار	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					OPER	ATION		20.7	UTOPSY?
DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in						n or 21c. WHERE DID (If in Baltimore City	give exact l	ocation)
MEDI	CAUSE OF DEATH									00000000
	210. TIME		(Day) (Year)	(Hour)	21E. INJURY OC	CURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	in som			m.		WHILE				
	22. I hore	22. I hereby certify that I attended the deceased from 7-25, 1952, to 4-26, 1952, that I last saw th								
	deceased alive on 7-26, 1952, and that death occurred at 6'35pm., from the causes and on the date									
	23A. SIGNA			, 10	and that acath	1 2	3B. ADDRESS	ne causes and on		TE SIGNED
	(206	m m.	9 Kray	er M.	p.	Saint Joseph	Hospital	7-1	6-52
24	A. BURIAN	CREMA	24B. DATE	0	24c. NAME OF CE	METE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county)	(State)
116	ON, REMOVAL	ial	7/30/	52 W	lestern C	eme	tery Balt	imore, Md.		
	ATE RECEIV	ED BY	REGISTRAR'	S SIGNATU	44	6. 3	25. FUNERAL DIRECTOR	2	ADDRESS	5
LO	CAL REGIS	TRAR	11- 1:	t W	lliaus, My	y.	HENRY SANDER &	SONS IN	21	1.
U	- 2819	32	Thirtung	100 116	man 1		BALTO., 13, Md	· Berli	1stas	M.
	VS 150		0		-2.1	-	7)			
					602	- /	75			



Registered No. 7105 DEATH July 26. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence b. COUNTY becamission) (If outside corpor te limits, URAL and give township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1801 N. Gastle St. Days 7. SINGLE, MARRIED 9. AGE (In years | H Under | Year | H Under 24 Hours | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) May 6, 1877 11. BIRTHPLACE (State or foreign country) USA WHAT COUNTRY 10B. KIND OF BUSINESS OR INDUSTRY Baltimore, Md. 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 515 N. Gav Streetess SECURITY NO. none Mr. Louis Hax INTERVAL BETWEEN

no DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

ength of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of)

work done during most of working life, even if retired)

Thomas Poteet

Male

RTIFICATION

13. FATHER'S NAME

6. COLOR OR RACE

White

CAUSE OF DEATH

ONSET AND DEATH (A) ... Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OFERATION

111

198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or

YES X (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. UTING [CAUSE OF DEATH.

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

Mt. Olivet

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) F INJURY

NOT WHILE WHILE AT WORK

22. I certify that I took charge of the remains described above, held an _ autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident [], suicide [], homicide [], undetermined [] 23c. DATE SIGNED 23B CHIEF MEDICAL EXAMINER XI

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

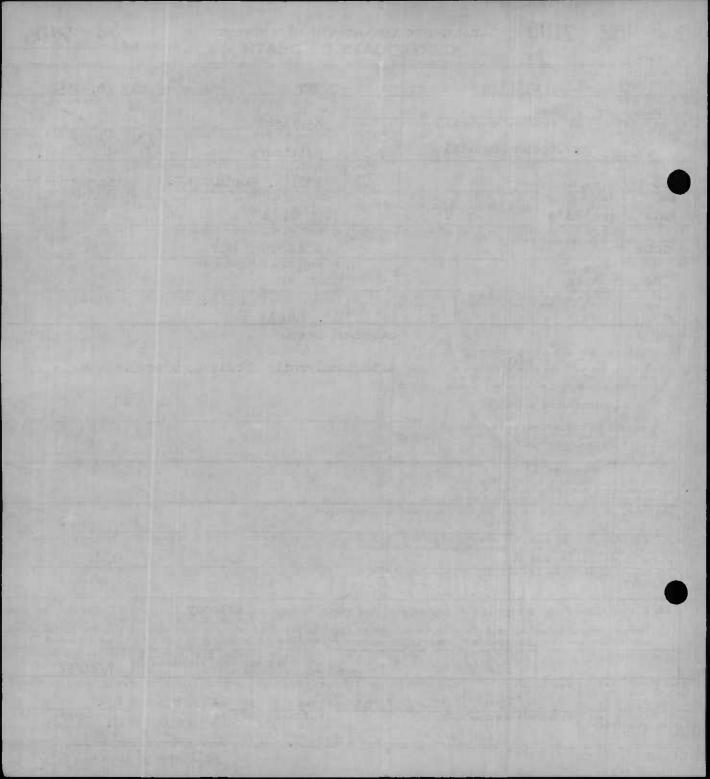
emetery

Baltimore.

20. AUTOPSY

burial DATE RECEIVED BY LOCAL REGISTRAR

151



CERTIFICATE CORRECTED 8/29/52

52 7106

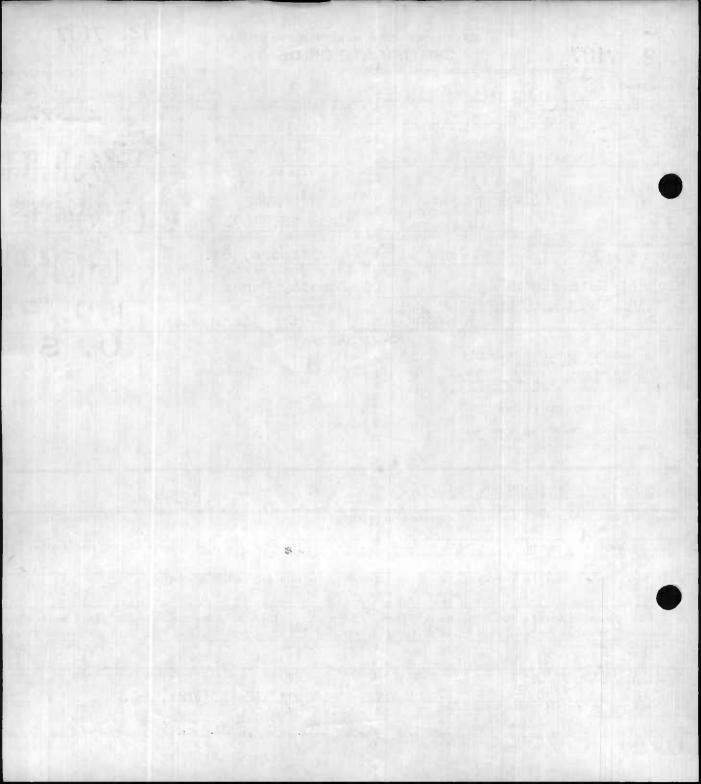
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.							
1. NAME OF DECEASED MARY FRANCES SHERMAN (Type or Print) MARY FRANCES SHERMAN					of DEATH July.26.1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland					A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 1824 E. North Avenue						outside corporat dinit	y, write RURAL and give township)	
c. Length of stay in Baltimore Life Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 1824 E. North Avenue			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Widowed				E. MARRIED, PED DIVORCED (Specify)	8. DATE OF BIRTH Nov. 24. 1880	9. AGE (in years last birthday) Mo	Il Under I Year If Under 24 Hours on the Days Hours Min.	
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) Housewife 13. FATHER'S NAME				INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
	John Kelly				Alice Burns			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO.					17 INFORMANT iam T. Chipman Address 2302 Franklin St. Wilmington Del.			
ERTIFICATION	(This does not m heart failure, asth injury or compli	enia, etc. It mea	TH of dying, e. g ons the diseas caused death	z., (A) 60 e, DUE TO	of DEATH		onset and death	
	DISEASES OR C RISE TO THE ABO UNDERLYING C	7,315						
CERTI	OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE							
٦	19A. DATE OF OPE	20. AUTOPSY?						
EDICA	21A. ACCIDENT, SU HOMICIDE (Spec	give exact location)						
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from SEC. 10, 1951, to 26., 1952, that I last saw deceased alive on gul, 25, 1952, and that death occurred at 10 A m., from the causes and on the date stated about							
	23A. SIGNATURE	Las	,	isher M.D.	38. ADDRESS	nir Pd.	7/1-6 52.	
B	4a. Burial, Crema. on removal (Specify) urial	Jul. 28.		24c. NAME OF CEMETE	t Geny (Bak	timore Md.		
	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR		7	HENRY SANDER & Baltimore Md	& SONS INC,	J. Jander	
	VS 150	Hunt	ington	Williams, My	8	/ 0		

See Document File 52-7106 8/29/52 ES

14-0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE 2. DATE 1. DATE 1	5 2_						
(Marie Deleta) h (5 Z_ idence						
1. NAME OF DECEASED (Type or Print) Mrs. Gertrerd & Weller DEATH July 27, 1952							
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE A. STATE B. COUNTY B. COUNTY A. STATE	dmission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURA)							
Yrs. D. STREET ADDRESS. (If rural, give location)	D. STREET ADDRESS (If rural, give location)						
classifier of stay in Baltimore Life Mos. 1508 Regarder Glos. 12	1508 Reagaton Aus. 12						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) June 22, 1871 9. AGE (In years last birthday) Months: Days Ho	nder 24 Hours ars: Min.						
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 11. BIRTHPLACE (State or foreign country) at home Baltimore, Md.							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
Michael Meinschein Dorothy Manns							
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT ADDRESS							
18. 760 X CAUSE OF DEATH INTERVAL ONSET AN	BETWEEN						
DISEASE OR CONDITION DIRECTLY	4 ^						
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	(V-3,						
injury or complication which caused death.) DUE TO							
Z (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	*****************						
UNDERLYING CONDITION LAST. (C)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CB) DUE TO CC) CC) ATURISM TO THE DISEASE OR CONDITION CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
. 19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPERATION 120 AUG	OPSY7						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? 21b. PLACE OF INJURY OCCUR? 21c. WHERE DID INJURY OCCUR?	NO L						
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
m, WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from July 1, 1952, to July 27, 1952, that I last saw the deceased alive on July 2) 1952, and that death occurred at 1 Am., from the causes and on the date stated above.							
234 SIGNATURE . 10 TOURILL M.D. 238. ADDRESS HOSPO 7/27							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)						
burial 7/30/52 Oak Lawn Cemetery Balltimore, Md.							
LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR HENRY SANDER & SONS, ANC.							
BALTO., 13, MD Seer / Jander							
The go is a family of the second of the seco							

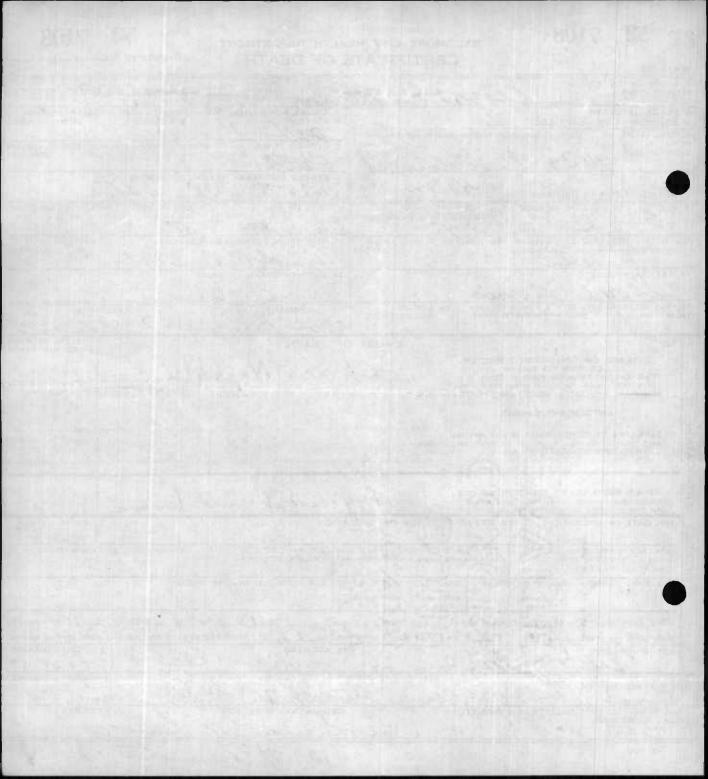


6292 7108

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7108 Registered No.

BIRTH NO.	- OI DEATH						
1. NAME OF DECEASED (Type or Print)	2. DATE OF 7/26/5-V						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside for orate limits, write RURAL and give						
INSTITUTION 1034 M. Delmar St	Ralto, township)						
Yrs. 40 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours						
WIDOWED, DIVORCED (Specify)	Dec. 6. 1893 last birthday) Months: Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY							
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME						
Stand Marin							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT, ADDRESS						
	alrin H. Henson - 119 M. Rulastie						
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
(This does not mean the mode of dying, e.g., (A) Lhonic Naphvitis							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST. (C)							
<u>.</u>							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	4 ocardial Faline lowing 4 days.						
TO THE DISEASE OR CONDITION CAUSING IT.							
214 ACCIDENT WAS LINDED. 216 PLACE OF INJURY (4.4.1)	YES NO						
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY WHILE AT NOT WHILE!	ED 21F. HOW DID INJURY OCCUR?						
m. WORK AT WORK							
22. I hereby certify that I attended the deceased from 7. , 1957, to July 26, 1957, that I last saw deceased alive on 7/26, 1957, and that death occurred at 7 p. m., from the capses and on the date stated about							
	23B. ADDRESS 23C. DAJE SIGNED						
24A. BURIAL. CREMA- 24B. DATE V24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
24A. BURIAL. CREMA- 24B. DATE V24C. NAME OF CEMETE TION, REMOVAL (Specify) 7-29-59 Unexample A	Thelpen Randallabour - mol						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
UL 28 1952 It to ton Williams Hos	Dannel W. Sulla Con						
VS 150	AINII M Colinator Ober						

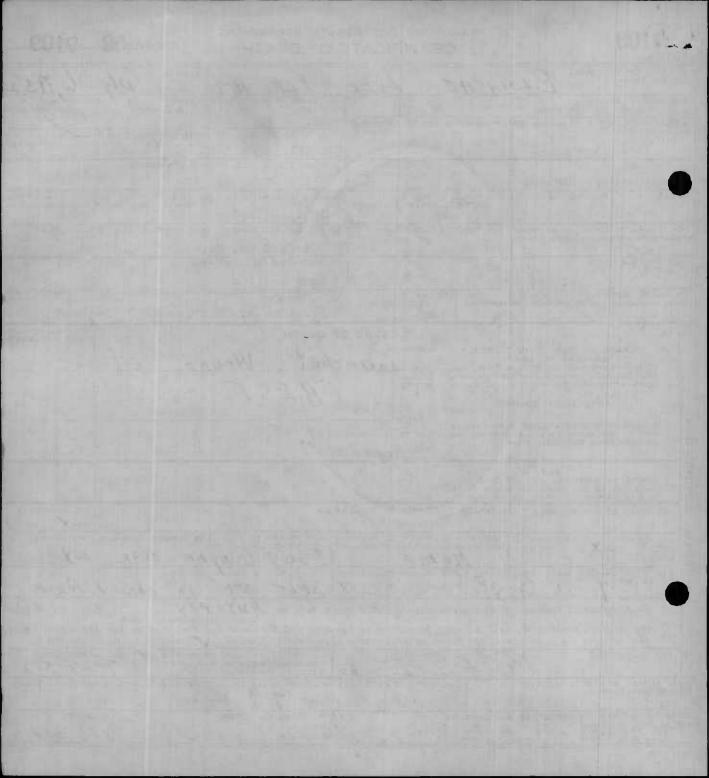


77109

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N. 7109

BI	RTH NO.							
(T	NAME OF DECEASED B	LANCH	E LEE	FLETCH		ATE OF SATH	426	1952
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDEN		eceased lived. I		residence e admission)
H	FULL NAME OF (If not in h	c. CITY OR TOWN	(If outside	corresponde lim	WHILE R	AL and give		
110	istitution 5309 Gwynn	Oak Ave.		Baltimore		V		township)
			Yrs.	D. STREET ADDRESS		ive location)		
	ength of stay in Baltimon		Mos. Days	5309 Gwynn	Oal- Ave			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	las	SE (In years st birthday) M	If Under 1 Year Ionths: Days I	If Under 24 Hours Hours Min.	
10 worl	A. USUAL OCCUPATION (Give k dooeduring most of working life, even if re	ind of IOB, KIND	OF BUSINESS OR	II. BIRTHPLACE (Sta	te or foreign c	ountry)	12. CITIZE	N OF COUNTRY?
10	Home	At Ho	me	Harford Co			USA	
1.3	FATHER'S NAME			14. MOTHER'S MAID				
15	Tharles V. Lee		16. SOCIAL	Anna Hamilt	on			
(Ye	s, no or unknown) (If yes, give war or	dates of service)	SECURITY NO.	Mrs. Anna P.	Countie		ADDRESS	on St
ERTIFICATION	DISEASE OR CONDITI LEADING TO I (This does not mean the meant failure, asthenia, etc. If injury or complication whi ANTECEDENT CO DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH.	DEATH ode of dying, e. g means the diseas ch caused death caused leath caused death caused the caused death caused leath c	(B)	shot W	_	, o	ONSET	AL BETWEEN
EDICAL CE	TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS	19B, MAJOR	FINDINGS OF OPER ACE OF INJURY (e. g., ir arm, factory, street, office bldg., e	or 21c. WHERE DID		altimore City,		NO Cation)
EDI	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTR UTING CAUSE OF DEA	TH. about nome,	76 MP	5309 (Swyhn	OAK	= AX	9
M	21b. TIME (Month) (Day) (YOUR) 7 26 S	v 8Pm.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	X Shot S	elf 11	i ches.	TY AR	m
	22. I certify that I took of the cvidence obtained and death in my opin	by said Auto ion resulted f	psy, Inspection or I rom: natural causes	nquiry, find that so \square , accident \square , su	aid decedsed icide M , ho	d died on t micide \square ,	he day stat undetermin	$cd \square$.
	23A. SIGNATURE	RSK	- 0	23B. CHIEF MEDI ASSISTANT MEDI D. MEDICAL INVEST	ICAL EXAMI	NER	7-27-	SNED 2
TIC	A. BURIAL CREMA- DN. REMOVAL (Specify) Burial 7/30		Specutive. Cer		4D. LOCATIO		, or county)	(State)
LC		AR'S SIGNATU	Wil:	Am. J. Jacky		Inc. 1	Ballo 2	ud
V	S 151 // - @ //	40	- I www.	- 1				V

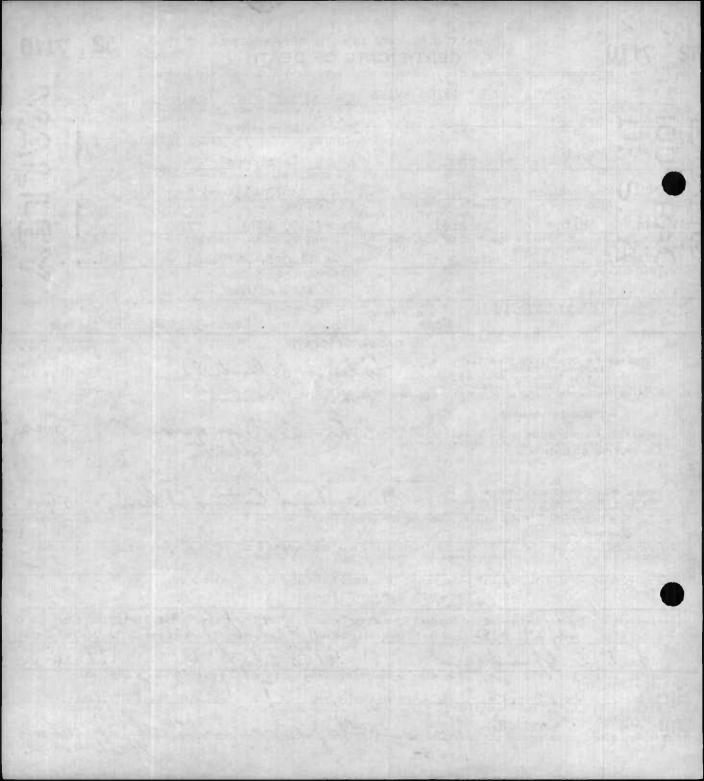


52 7110

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 7110

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGIA MABEL (FIGG)EVANS DEATH 4. USUAL RESIDENCE (Where deceased lived, It institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location' (If outside corporate Latits, where VRAL and give C. CITY OR TOWN INSTITUTION township) 3623 Milford Avenue Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos. 3623 Milford Avenue ngth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | II Under 24 Hours last birthday) | Months: Days | Hours | Min. Female White Married April 9, 1880 104. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife Home Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Q. Figg Mary Allen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, po or unknown) (If yet, give war or dates of service) SECURITY NO. Mr. John J. Evans-3623 Milford Avenue None INTERVAL BETWEEN 18. CAUSE OF DEATH 420 0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? П 21p. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT WORK - 26 1952 that I last saw the , 1943, to. 22. I hereby certify that I attended the deceased from how. . 1952, and that death occurred at 11 15 4 .m., from the causes and on the date stated above. deceased alive on. 23B, ADDRESS 23A. SIGNATURE 2BC. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24B. DATE Baltimore, July 29. 1952 Baltimore Cenetery Maryland 1-25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

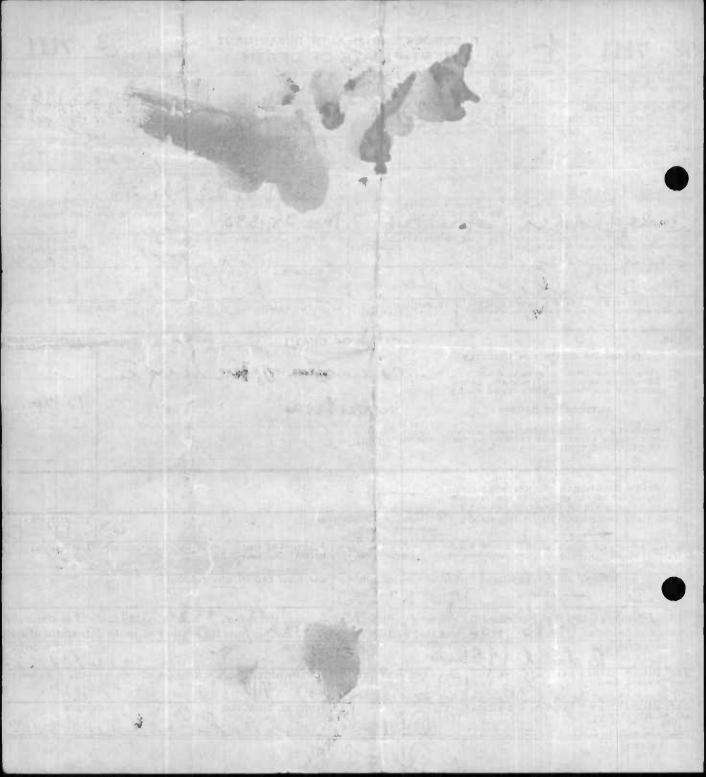


141	00
52	7111
BIRTH	NO.

CERTIFICATE OF DEATH

Registered No. 7111

-	111111101						
1. (T	NAME OF D ype or Print)	ECEASED	Eler	t Tayl	<u>ک</u>	2. DATE OF DEATH	ely 25, 1952
A.		City, Maryland	Osl	2	A. STATE	CE (Where deceased in B. COUNT	ed. If vostitution: residence Y before admission)
H	FULL NAME SSPITAL OR STITUTION			ion, give street address or location	C. CITY OR TOWN	(If outside corporate	limits write BULAL and give
9	3	JOHNS HOP	KINS HOS		JUO61	more /	
		tay in Baltimore		Yrs. Mos. Days	2018	s (If rural, give location)	#
^	male	G. COLOR OR RACE	Swidow	E, MARRIED, ZED, DIVORCED (Specify	Max. 28,18	9. AGE (In year last birthday	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if refired)		OF BUSINESS OR	11. BIRTHPLACE (Sta	- 1	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	MAN			14. MOTHER'S MAID	riginia	W.81 A.
1	Pohe	rt Jac	dow	le.	14. Mottlek's Mass	CIVI AME	
15 (Yes	, no or nnknown)	ED EVER IN U.S. ARME (If yes, give war of date	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANTIS	HOPKINS HOSPIT	ALADDRESS
	18. / (erx.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY			-1 1	ONSET AND DEATH
	(This does	not mean the mode oure, asthenia, etc. It mea	of dying, e. g	e. (A) Carre	manne 1)}	he lung	
	injury or	complication which	caused death	DUE TO			
				1.			18 W.O.
7		ANTECEDENT CAUS		meto	usum 177		18 mei
NOL		ANTECEDENT CAUS S OR CONDITIONS, I	SES	(B)	u fares	•	18 ktei
CATION	RISE TO T	S OR CONDITIONS, I	SES IF ANY, GIVIN STATING TH	(B)		- 1	18 ktei
FICATI	RISE TO T	S OR CONDITIONS, I	SES IF ANY, GIVIN STATING TH	IG DUE TO			18 Ktei
FICATI	RISE TO T UNDERLY	S OR CONDITIONS, IN THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE CONDITION LAST CONDITION LAST CONDITIONS (A) THE CONDITIONS (A)	SES IF ANY, GIVIN STATING THAST.	(C)			18 ktei
ICATI	OTHER S TRIBUTING	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA IT CONDITION LA IT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE N CAUSING I	(C)		•	
L CERTIFICATI	OTHER S TRIBUTING	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA IT CONDITION LA IT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE N CAUSING I	(C)			
CAL CERTIFICATI	OTHER STRIBUTION TO THE DISTRIBUTION TO THE DI	S OR CONDITIONS, IN THE ABOVE CAUSE (A) FING CONDITION LA SIGNIFICANT CONDITION CONDITION OF OPERATION	SES IF ANY, GIVIN STATING THAST. ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR	(C)	RATION) (If in Baltimore C	20. AUTOPSY?
L CERTIFICATI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF	S OR CONDITIONS, IN THE ABOVE CAUSE (A) FING CONDITION LA SIGNIFICANT CONDITION CONDITION OF OPERATION	ITIONS CON NOT RELATE N CAUSING I'19B. MAJOR	(C)	RATION In or 21c, WHERE DID INJURY OCCUR?	(If in Baltimore (20. AUTOPSY? YES NO
CAL CERTIFICATI	OTHER STRIBUTION TO THE DISTRIBUTION TO THE DI	S OR CONDITIONS, IN THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CONDITION LAST TO THE DEATH, BUT INSEASE OR CONDITION DE OPERATION TO THE ABOVE CONTRIBUTING DEATH	ITIONS CON NOT RELATE CAUSING I 19B. MAJOR	(C)	RATION In or 21c, WHERE DID INJURY OCCUR? ED 21f, HOW DID II	(If in Baltimore (20. AUTOPSY? YES NO
CAL CERTIFICATI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year	ITIONS CON NOT RELATE N CAUSING I' 19B. MAJOR 21B. PLA about home, f	(G) (C) (C) (D) (C) (C) (C) (C) (C	RATION 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID IN	(If in Baltimore (20. AUTOPSY? YES NO Dity, give exact location)
CAL CERTIFICATI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF	SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STREET CONDITION LA STREET CONDITION CONTROL CONDITION CONTROL CONTRIBUTION CONTRIBUTING CONTRIBUTION CO	ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, f (Hour) m.	G (C)	RATION In or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID IN	O (If in Baltimore O	20. AUTOPSY? YES NO
CAL CERTIFICATI	OTHER STRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF INJURY 22. I hereb	SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STREET CONDITION LA STREET CONDITION CONDITION CONTROL CONDITION CONTRIBUTING CONTRIBUTION	ITIONS CONNOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, f	GRE DUE TO (C) T. FINDINGS OF OPER ACE OF INJURY (a. g., arm, factory, street office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur M. D.	RATION In or 21c. WHERE DID INJURY OCCUR? 21f. HOW DID IN INJURY OCCUR? 21f. HOW DID IN INJURY OCCUR?	O (If in Baltimore (NJURY OCCUR? to 7-25, rom the causes and NS HOSPITAL	20. AUTOPSY? YES NO Dity, give exact location) 1953, that I last saw the on the date stated above.
MEDICAL CERTIFICATI	OTHER STRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF INJURY 22. I hereb deccased a. 23A. SIGNA	SOR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT COND IS TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year Ty certify that I at live on 7-85 TURE CREMA- 24B, DATE	ITIONS CONNOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, f	T. FINDINGS OF OPEI ACE OF INJURY (e. g., arm, factory, street, office bldg. 21e. INJURY OCCURF WHILE AT ROT WHILE AT WORK deceased from and that death occur	RATION In or 21c. WHERE DID INJURY OCCUR? 21f. HOW DID IN INJURY OCCUR? 21f. HOW DID IN INJURY OCCUR?	O 1-25, rom the causes and	20. AUTOPSY? YES NO Dity, give exact location) 1953, that I last saw the on the date stated above.
MEDICAL CERTIFICATI	OTHER STRIBUTING TO THE DISTRIBUTING THE DISTRIBUTION	SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT COND SO TO THE DEATH, BUT DEATH OF OPERATION DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year THE LIVE OF THE	ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the causing it is not become about the causing it i	GRE DUE TO (C) T. FINDINGS OF OPER ACE OF INJURY (e. g., farm, factory, street office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK deceased from and that death occur M. D. 24C NAME OF CEMETE	RATION In or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID IN 1953. Tred at 313 Am., from 1953. Provided the first of t	o (If in Baltimore (NJURY OCCUR? to 7-25, rom the causes and NS HOSPITAL 240. LOCATION (City,	20. AUTOPSY? YES NO Dity, give exact location) 1953, that I last saw the on the date stated above. 23c. DATE SIGNED town, or county) (State)
MEDICAL CERTIFICATI	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 1D. TIME INJURY 22. I herch deccased a 23A. SIGNA 4A. BURIAL,	SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT COND STOTHE DEATH, BUT INSEASE OR CONDITION DE OPERATION DEATH (Month) (Day) (Year THE LIVE ON TORRES CREMA: 24B, DATE Specify) D BY REGISTRAR RAR	ITIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about home, for the causing it is not become about the causing it i	GRE DUE TO (C) T. FINDINGS OF OPER ACE OF INJURY (e. g., farm, factory, street office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK deceased from and that death occur M. D. 24C NAME OF CEMETE	RATION In or 21c. WHERE DID INJURY OCCUR? 21f. HOW DID IN INJURY OCCUR? 21f. HOW DID IN INJURY OCCUR?	o (If in Baltimore (NJURY OCCUR? to 7-25, rom the causes and NS HOSPITAL 240. LOCATION (City,	20. AUTOPSY? YES NO Dity, give exact location) 1953, that I last saw the on the date stated above.

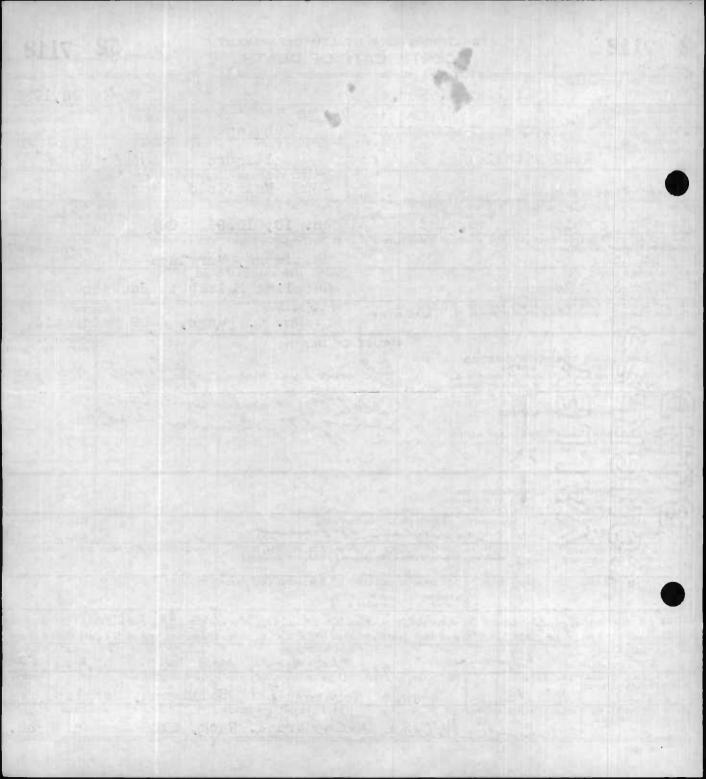


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BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 7112

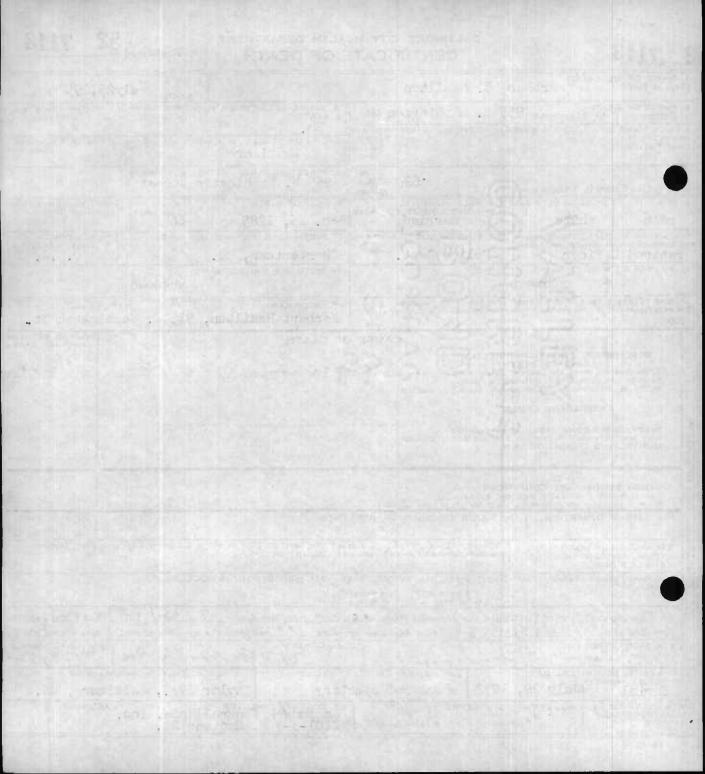
BIRTH NO.	CERTIFICATE	E OF DEATH REGISTERED NO.	
I. NAME OF DECEASED (Type or Print) Lill	ian Runge	2. DATE OF Junly	25,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or	r institution, give street address or	A.JUSUAL RESIDENCE (Where deceased lived. If institute a STATE B. COUNTY Maryland	tion: residence before admission)
HOSPITAL OR INSTITUTION 4509 Mainf	ield Avenue	c. CITY OR TOWN (If outside corporate limits, write Baltimore	BURAL and give (vuship)
ength of stay in Baltimore	PYrs. Mos. Days	o. street address (If rural, give location) 4509 Mainfield Avenue	
female 6.COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH Dec. 10, 1889 9. AGE (In years last birthday) Months: D 62	ear H Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Givekindof vork done during most of working life, even if retired) at home 13. FATHER'S NAME	DB. KIND OF BUSINESS OR INDUSTRY	Baltimore, Maryland 12.CI	ITIZEN OF HAT COUNTRY
George J. Reese		Caroline Elizabeth Jackson	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of s	ORCES? 16. SOCIAL SECURITY NO.	Mr. Wm. C. Runge, 4509 Main	
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of di heart failure, asthenia, etc. It means t injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE OISEASE OR CONDITION CA	ying. e. g., he disease, ed death.) DUE TO (B) (B) (C) DIS CON-	molisties in get Langer Cord.	Per. 1958
19a. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER. 21B. PLACE OF INJURY (e.g.m.) 21b. place of injury (e.g.m.)	or 21c. WHERE DID (If in Baltimore City, give ex	eo. AUTOPSY? 'ES No act location)
injury (Month) (Day) (Year) (Ho	m. WHILE AT NOT WHILE		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 7/ /52	9 Stand that death occur M.D. 24c. NAME OF CEMETER Parkwood Ce	red at 2 19 m., from the causes and on the dat 38. ADDRESS 23c.	DATE SIGNED L26.52 nty) (State) land
LOCAL REGISTRAS JUL 28 1952 Tunting VS 150	ton Williams, My	Leghard J. Ruck, 5305 Harfo	rd kæd.



LC	145
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2	7113
BIR	TH NO.

CERTIFICATE OF DEATH Registered No. 7113

BII	RTH NO.			CERTIFICATI	E OF DEATH	registered	110,
1. NAME OF DECEASED (Type or Print) Arthur E. Hamilton						2. DATE OF Jul	y25,1952
A.	PLACE OF D Baltimore C	City, Maryland Y.			4. USUAL RESIDENCE A. STATE		f institution: residence before admission)
				location)		(If outside corporate lim	its write WORAL and give township)
		tay in Baltimore		62 Yrs. Mos. Days	955 N. Washin	(If rural, give location) gton Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married				ED, DIVORCED (Specify)	B. DATE OF BIRTH Dec. 25, 1885	9. AGE (In years last birthday) M	if Under 1 Year II Under 24 Hours on the Days Hours Min.
10A. USUAL OCCUPATION (GivekInd of work done during most of working life, even if retired) retired Officer 10B. KIND OF BUSINESS OR INDUSTRY Police Dept.				INDUSTRY	Chestertown, N		U.S.A.
13.	FATHER'S	unknown			14. MOTHER'S MAIDEN	NAME unknown	
	WAS DECEASE, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Herbert Hamilt		ADDRESS Shington St.
RTIFICATION	heart failur injury or DISEASES RISE TO TI	not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUSE OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	ns the diseas aused death ES FANY, GIVIN STATING TH	e, •) DUE TO (B)		of colo	
CER	TRIBUTING TO THE DI	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	т			
CAL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDIC	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year)	(Hour)	CE OF INJURY (e. g., li arm, factory, street, office bidg., e 21E. INJURY OCCURRI WHILE AT NOT WHILE	ED 21F. HOW DID INJU	(If in Baltimore City,	give exact location)
	22. I hereby deceased al 23A. SIGNAT	ive on 7/24/	ended the	deceased from	- 1/, 195/, to_ red at_// Pm., from	n the eauses and on	the date stated above.
TIO	a. Burial. C n. removal (S Burial	July 29,	1952	Parkwood Cemeter	etery Tay	LOCATION (City, town	timore, Md.
LO	CAL RECIVE	A Paris and A Pari	s signatu	- 4/1/46-	25. FUNERAL DIRECTO Schimukek Tune 2001–3–5 E. Ma	ral Home, Inc	ADDRESS
	VS 150		0	773 9	73'		

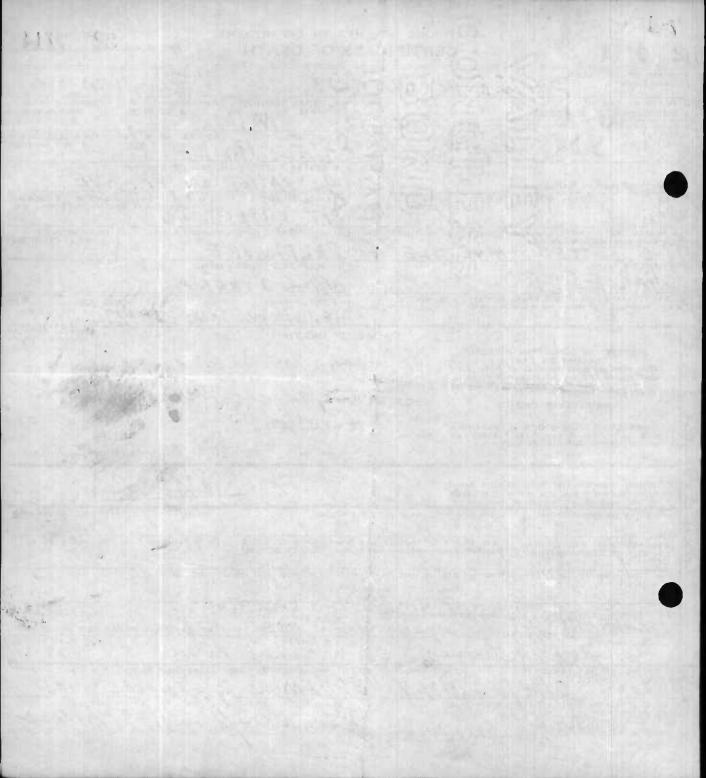


BALTIMORE CITY HEALTH DEPARTMENT Registered No.2 CERTIFICATE OF DEATH 1. NAME OF DECEASED DAVID. E. WILLIAMS
(Type or Print) 2. DATE 7-25-52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corpor te mits, write RERAL and give INSTITUTION M 6/ Yrs. Mos. ngth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR CE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. VIG WILLIAMS 1934 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., ON ARRIVAL heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) severe myocardia ANTECEDENT CAUSES Infarction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFICA CERTIFICATION APPROVED BY (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I all decedsed alive on ALIUE 19___ , that I last saw the and that death occurred at 350 fm., from the causes and on the date stated above. 23c. DATE SIGNED. 24A. BURAL, CHEMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DA 24c. NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR

untington



B-632

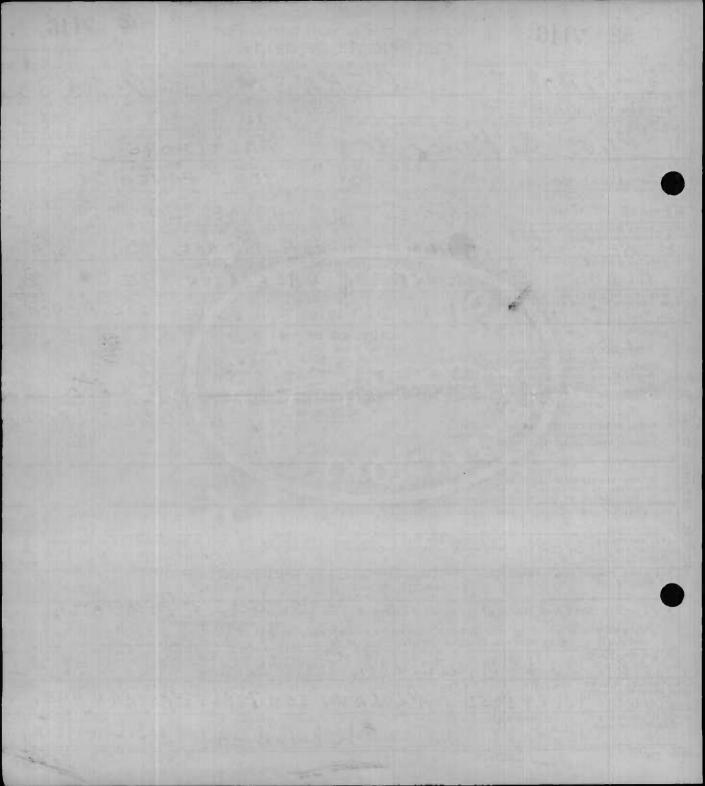
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7115
Registered No.

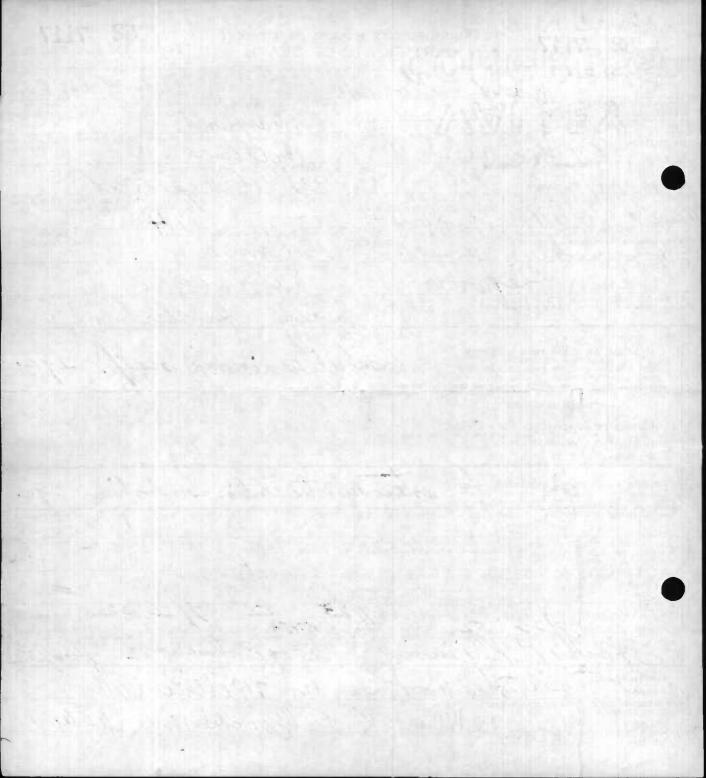
BIF	RTH NO.	A Justine		OLKIII ICAI	L OI DI	-AII			
1.	NAME OF	DECEASED					2. DATE		
(1)	pe or Print)	ANINAL 2	1 BRETZ	L (ANNA	BRETZL)	OF 7-	26-52	
	PLACE OF I		0		4. USUAL I	RESIDENCE (Where deceased lived	l. If instituti	on: residence
	ULL NAME	City, Maryland			STATE	Maryla	B. COUNTY	1	pefore admission)
HO	SPITAL OR	OF (II not in nospie	ai or institut	ion, give street address or location)	c, CITY OR		f outside corporate li		DITTOAY
INS	NOITUTITE	Spint Jaganh	Unanit.	7 Da74 161			a outside corporate i	imits, write	township)
-		parine nosebu	noabr re	al, Balto., Md.		altimore			
				Yrs. Mos.	D. STREET	ADDRESS (II	f rural, give location		
C		stay in Baltimore		Days	1007	Bouldin	St. 7/	0-11	
5. 5	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF	BIRTH	9. AGE (In years last birthday)		
	Female	White	Mari	ried	October	16.1876	75	A CONTENTS DE	Tours Min.
10/	USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR			foreign country)		TIZEN OF
ŀ	lousewif	e working his, even if retired)	A.	INDUSTRY	Ral f	timore			AT COUNTRY?
	FATHER'S		AT	Home		S MAIDEN N	IAME		J.S.A.
	147 0	77. 77.				o maidely is	AME		
15		Illiam Thelen				Catherine	Schumm		
(Yes,	no or unknown)	ED EVER IN U. S. ARMEI	of service)	16. SOCIAL SECURITY NO.	17. INFORM			ADDRESS	5
	No	No		None	John G.	Bretzl	1007 S. Box	aldin S	t.
	18. 144	3 🗸		CAUSE	OF DEATH		The state of the s		ERVAL BETWEEN
	DISFA	SE OR CONDITION	DIRECTIV					ONS	SET AND DEATH
		LEADING TO DEAT	TH	Hyrnox	toneion (Candi owa	cular disea	990	
	heart fail	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	ያ•• (A)ትትያዲያለዎች. e,	oenston .	Jai aio vai	Seamer area		
	injury or	complication which c	aused death	.) DUE TO					
		ANTECEDENT CAUS	ES						
Z				(B) Bron	chial pn	eumonia			
일	DISEASE RISE TO 1	S OR CONDITIONS, II	FANY, GIVIN	IG OUE TO Left	hemiple	gia			0:
A	UNDERL	YING CONDITION LA	ST.						
FICATION				(C)	***********************	***************************************	***************************************		
1		11							
RT		GIGNIFICANT CONDI							
8		DISEASE OR CONDITION							
.,	19A. DATE	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION			20	AUTOPSY?
OA -		10						YE	s No
		DENT WAS UNDER-	21B. PLA	CE OF INJURY (e.g., i	or 21c. WH	ERE DID (If in Baltimore Cit	y, give exac	et location)
ш	CAUSE OF	R CONTRIBUTING	about home, !	arm, factory, street, office bldg., e	tc.) INJURY	OCCUR?			
Σ -		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F HOV	W DID INJUR	Y OCCUR?		
	INJURY	(====, (==,, (===,,		WHILE AT NOT WHILE		v DID MOOK	1 0000111		
			m.	WORK AT WORK					
	22. I hereb	y certify that I att	ended the	deceased from 6	- 27	1952 to	7-26 ,19	\$2 that	I last saw the
		live on 7-26		and that death occur					
-	23A. SIGNA		P		3B. ADDRESS				DATE SIGNED
		Carry	The state of the s	M. D.	Saint J	oseph Ho	spital		26-52
24/	. BURIAL.	CREMA- 248. DATE		24c, NAME OF CEMETE					/ _
TIOI	Burial						1		
DA		July 29,		Sacred Heart			German Hil	I Rd.	Ba Co Md.
LO	TE RECEIVE	D BY REGISTRAR	SIGNATU	RE 2 and 50	25. FUNERA	L DIRECTOR	. 0 901 S.	Contriti	ess ne de
160		997 HTurting	ton W.	lique MD	Charle	1 1 50	iles	OUNTIL	TE 200
8	VS 150	1				1			

S. Stored Mark No. SECOND SECOND Manual Contests of the

B 560	52 7140
	CITY HEALTH DEPARTMENT 52 7116 TICATE OF DEATH Registered No.
BIRTH NO.	FICATE OF DEATH Registered No.
1. NAME OF DECEASED RIE C. A	BENNER 2. DATE OF DEATH 2-26-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF 'f not in hospital or institution, give street HOSPITAL OR	
INSTITUTION TO S. Poncas	BALTIMORE 26 Township)
ength of stay in Baltimore	Yrs. Mos. Days 700 5. PONCA ST.
FEMALE WHITE WIDOWED, DIVORCE	JULY 4, 1903 49
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINES	SS OR 11. BIRTHPLACE (State or foreign country) 1.2 CITIZEN OF
HOUSE WORK AT HOME	VDUSTRY WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AUGUST SCHIRMER	OFFI-BERGER DET
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURI	TY NO. LAND TO THE TOTAL TO ADDRESS ALC NO
18. / 🤊 / X	CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Onset and Death
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	Cascinomia of
injury or complication which caused death.) DUE TO	0 0 15 21/3
ANTECEDENT CAUSES	Ceny 11th
DISEASES OR CONDITIONS, IF ANY, GIVING	j Alma yan
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CDN.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS O	OF OPERATION 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJUR	RY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIBUTION CAUSE OF DEATH.	RY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2 1D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY (
m. WHILE AT WORK	NOT WHILE AT WORK
22. I certify that I took charge of the remains des	Autoney Inspection or Inglish
the evidence obtained by said Autopsy, Inspect	tion or Inquiry, find that said deceased died on the day stated above,
23) SIGNATURE	il eauses X, accident , suicide , homicide , undetermined .
Muncis 4. Januare	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) (State)
BURIAL JULY 80,52 0 AYK	LAWN CEM. 17025 EASTERWAVE.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR. ADDRESS
1 22 142 Huntington Williams, A	157 Caharles & Leely 9015. CONKLINGST.



K-220		Key+01.	1 form	
57 7137		EALTH DEPARTMENT	52	7117
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	Koras	k	2. DATE. OF July	26/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	7	4. USUAL RESIDENCE (W		titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution	on, give street address or lecation)	c, CITY OR TOWN (If	u q	· · · · · · · · · · · · · · · · · · ·
INSTITUTION 93/ Und halp	else	Bullem	outside corporate limits, w	64 township)
c. Ongth of stay in Baltimore	Yrs. Mos. Days	93/4/6	rural, give location)	1
	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9.AGE (In years little last birthday) Month	Per Vear If Under 24 Hours Days Hours Min.
work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	1	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	my	14. MOTHER'S MAIDEN NA		
John Frenov	-a	hut Kn	recy	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17 NIFORMANT	allie Bado	RESS 7/5
18. /9 / V	CAUSE	OF DEATH	aman of the	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	/	1.00 .		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease Injury or complication which caused death.		allcaninon	na scalp.	246.
ANTECEDENT CAUSES	DUE TO			
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		•	
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
O CINDERCTING CONDITION EAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CON	1	1. +· 1.	1 1.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	anunoso	Coolec Cardio i	roculardise	Il 34100
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A LVINGT OR CONTRIBUTION about home fa	CE OF INJURY (e. g., in		f in Baltimore City, give	YES NO Exact location)
CAUSE OF DEATH				
MANUALA	1E. INJURY OCCURRI		OCCURY	
22. I hereby certify that I attended the c	work AT WORK	2.5 1052/10	7/26 1052	hat I last saw the
deceased alive on 7/26, 1952a	nd that death occur	red at 10:45 Am., from th	he causes and on the	date stated above.
23A. SIGNATURE Sanley B. Klyd	mount _{M.D.}	38. ADDRESS		7/36/52
TION, REMOVAL (Specify) 9- d9-42	War Cor CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATUR	· wal : 14 mal	25. FUNERAL DIRECTOR	D A	DDRESS
2 2 1952 H to ton	Villiams, My	Maybrock	you good fell	well it
Vs 150				



5-260 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) John J. Sikorsky OF DEATH July 25, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Ild. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2803 Pelham Ave Baltimore o. STREET ADDRESS (If rural, give location) Yrs. ength of stay in Baltimore 2803 Pelham Ave. Days 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) W Jan. 9, 1902 IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Man Gas & Elec. Co Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Caroline Miko 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No 2-05-6066 Anna Sikorsky 2800 Kentucky Ave. 18. INTERVAL BETWEEN 20. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 5, 19 that I last saw the . 19 2and that death occurred at_ m., from the causes and on the date stated above. 23A STENATURE 23C. DATE SIGNED BURIAL CREMAN 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 1952 Burial Holv. Redeemer altimore. TE RECEIVED BY 26. FUNERAL DIRECTOR L REGISTRAR

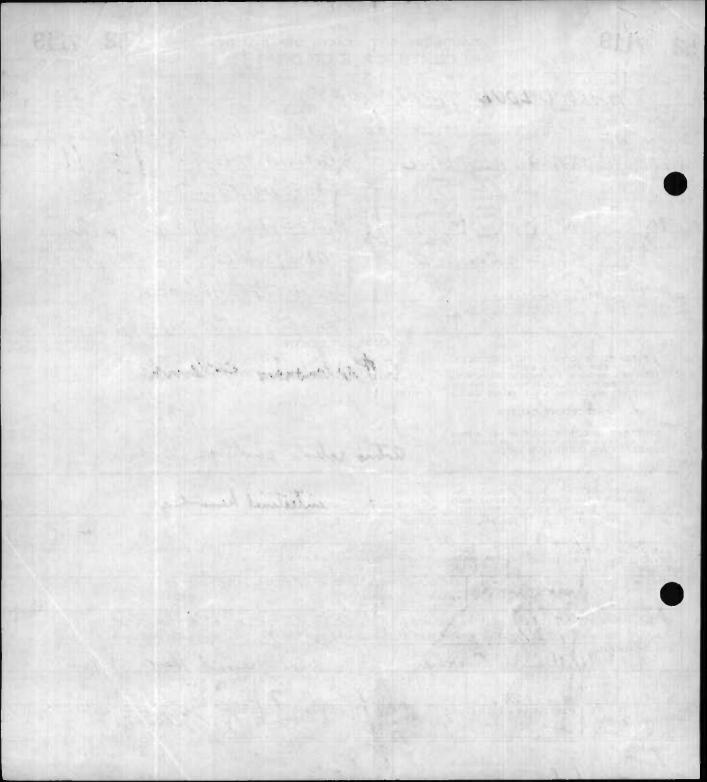


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1.	NAN	1E	OF	DECE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7119 Registered No.

I. NAME OF DECEASE (Type or Print)	OLD LOUIS 5	TERN (M	(R.)	2. DATE OF 7-2'	7-52
3. PLACE OF DEATH: A. Baltimore City, Ma			4. USUAL RESIDENCE (W		
HOSPITAL OR	f not in hospital or institution	n, give street address or location)	C. CITY OR TOWN (If	BALTIMO	
INION MEM	ORIAL HOSPI	TAL.	BALTIMORE	15 15	township)
ength of stay in I	Baltimore	Yrs. Mos. Days		ural, give location)	IE
	OR OR RACE 7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years 1 Un last birthday) Mont	der I Year II Hoder 24 Rours
MIV	N		JAN. 25, 1888	64 4RS 6	hs Days Hours Min.
IOA. USUAL OCCUPATION ork done during most of working his	ON (Give kind of fo, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	WHAT COUNTRY?
13. FATHER'S NAME	, 80	WLING ALLEY	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER I	SIERN IN U. S. ARMED FORCES?	(LINA OPPENI	telmer	
	give war or dates of service)	16. SOCIAL SECURITY NO.	MRS. NETTIE STER	WWIFE 378	DOLFIELDAN
18. 4/77./		CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
LEADIN	CONDITION DIRECTLY	TA.	1. 1. 1. 8	Va.	ONSE! AND DEATH
heart failure, asthen	n the mode of dying, e.g., nia, etc. It means the disease, tion which caused death.)	(A)	wasiary -	umor.	
ANTECE	DENT CAUSES				10 PM
DISEASES OR CO	NDITIONS, IF ANY, GIVING	(B)	***************************************		
UNDERLYING CO	E CAUSE (A) STATING THE INDITION LAST.	(c) arting	salvotie carolis -	crewlar derione	
	- 111	HILL SHE			
	ANT CONDITIONS CON-	anni -	- intestrial hem	lear	
TO THE DISEASE O	R CONDITION CAUSING IT. ATION 198. MAJOR F	INDINGS OF OPER		mugh	20. AUTOPSY?
A Company	7				YES NO
21A. ACCIDENT WA LYING OR CONTR CAUSE OF DEATH		E OF INJURY (e. g., in n,factory,street,office bldg.,e		in Baltimore City, giv	e exact location)
21D. TIME (Month)		E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
	m. w	ORK NOT WHILE			
deceased alive on_	y that I attended the de		14 1054 to 7		that I last saw the
23A. SIGNATURE	- 1 - 0 4	. 4	3B. ADDRESS	e eauses and on the	date stated above. 23c. DATE SIGNED
	ellian a Crar		Union Menons		7-27-52
TION, REMOVAL (Specify)	ALC: NO STATE OF THE PARTY OF T		RY OR CREMATORY 24D. LO	CATION (City, town, or	county) State)
	HILT 29 1050	Poly imore,	25 SUMERAL DIRECTS	mortile	DDRESS
JUL 29 1952	the tington W.	Higus M.	David R. art	//wein	
VS 150	0	5000		Balti,	d.
		2908	6		

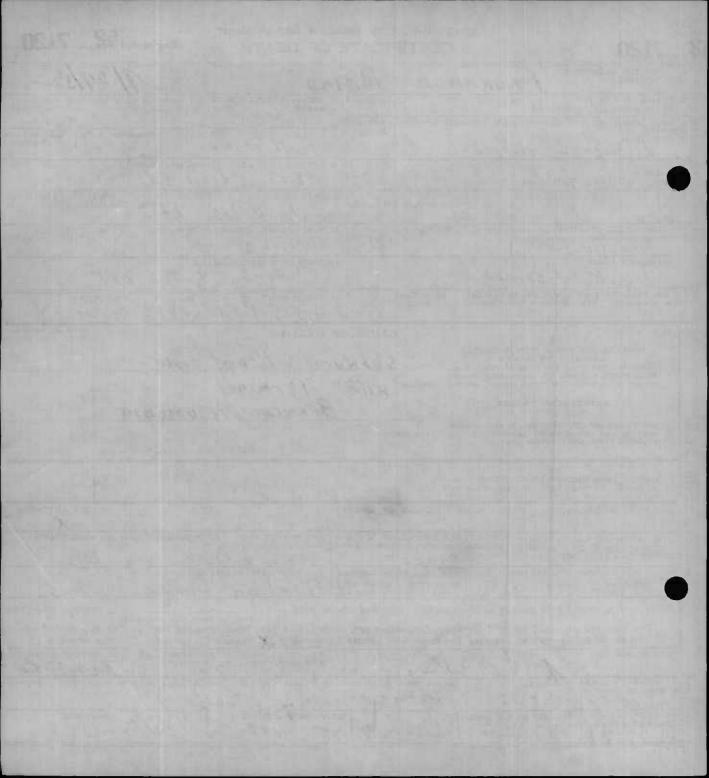


11/230	DAY TIMODE CITY			
2120		E OF DEATH	Registered N2_	7120
1. NAME OF DECEASED (Type or Print)	FLORENCE BI	4180	2. DATE 0F 7/27	1/52
3. PLACE OF DEATH: A. Baltimore City, Mary	land	4. USUAL RESIDENCE (Who		tion: residence before admission)
HOSPITAL OR	t in hospital or institution, give street address a location		tside corporate dinits, writ	RUP L and give township
ength of stay in Balt	Yrs. Mos.	158N/6 Bola		
5. SEX 6. COLOR C		8. DATE OF BIRTH	AGE (In years Munder last birthday) Months	
10A. USUAL OCCUPATION (work done during most of working life av		11 BIRTHPLACE (State or fore		ITIZEN OF HAT COUNTRY
13. FATHER'S NAME	Jarmon	14. MOTHER'S MAIDEN NAM	litchcoek	
15. WAS DECEASED EVER IN U	N. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Baird	ADDRÉ	
Z DISEASES OR CONDI RISE TO THE ABOVE C, UNDERLYING COND L U	TIONS, IF ANY, GIVING AUSE (A) STATING THE OUE TO ITION LAST. (C)	tural Hemator Terminal BRONCHO PNE		
TO THE OISEASE OR C				
19A. DATE OF OPERATION 21A. EXTERNAL CAUSE UNDERLYING CR COUTING CAUSE OF CAUSE OF CAUSE OF INJURY	WAS ONTRIB. DEATH. 21B. PLACE OF INJURY (e. g., g., office bldg	in or 21c. WHERE DID (If in the control of the cont		es No act location)
the evidence obtained and death in my a	while AT NOT WHILE AT NOT WHILE AT WORK ook charge of the remains described ined by said Autopsy, Inspection or opinion resulted from natural cause	above, held an	pection or Inquiry ased died on the day , homicide , undete AMINER	reon and from stated above, rmined . re signed

24A. BURIAL, CREMATION, REMOVAL (Specify)

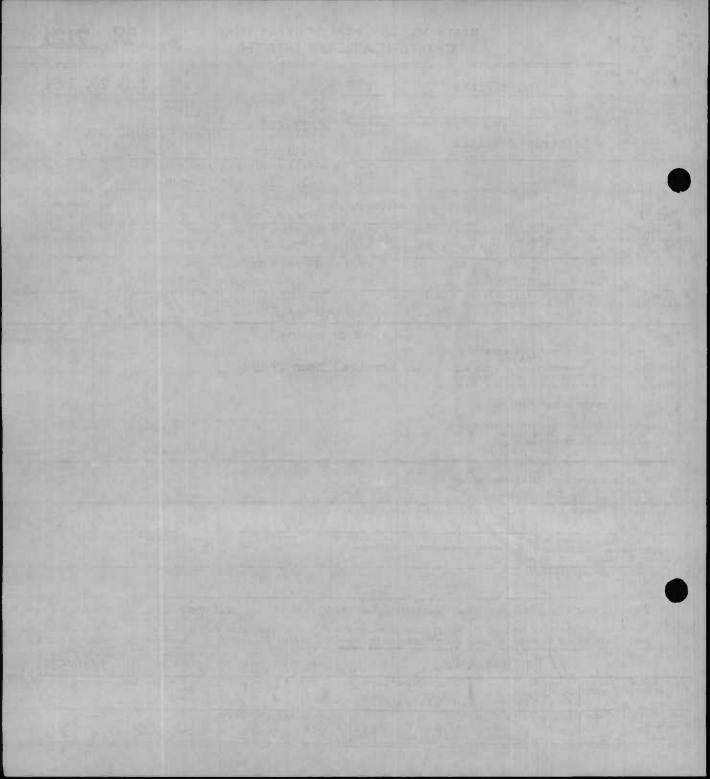
DATE RECEIVED BY
LOCAL REGISTRAR

JUL 29 1952 untington V S 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 7121

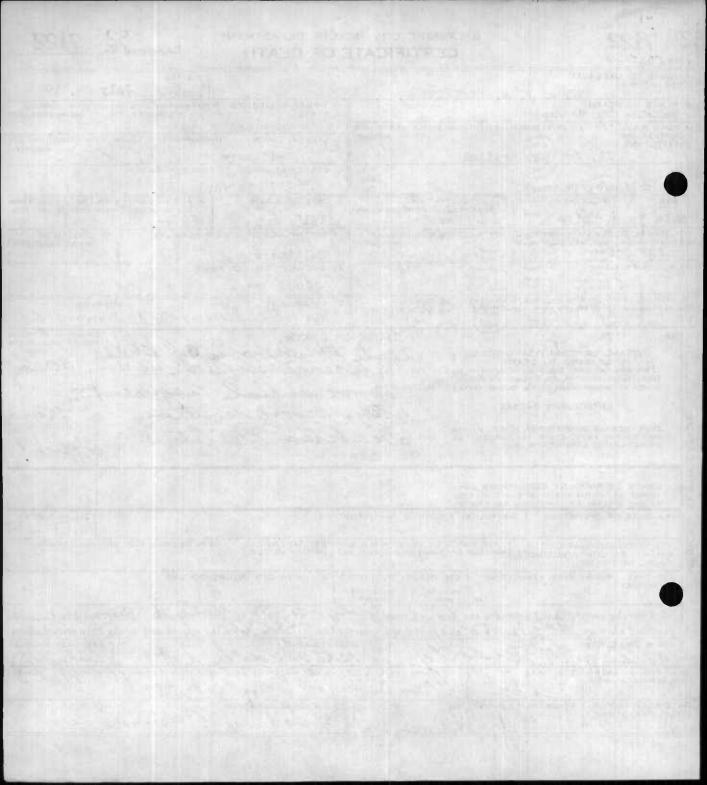
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	ISON 2. DATE OF July 26, 1952				
GENEVIEVE BEN	ISON DEATH JULY 26, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence				
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)					
INSTITUTION Lutheran Hospital	Baltimore Lownship				
Yrs.	D. STREET ADDRESS (If rural, give location)				
Mos.	2610 Eldonada Arrama				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8 DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours				
Female White WIDOWED, DIVORCED (Specify	June 15-1903 Hast birthday) Months Days Hours Min.				
10A, USUAL OCCUPATION (Givekind of tob. KIND OF BUSINESS OR work deflecturing most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
Caspier Prest 241818.	Balkimone WHAT COUNTRY				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Theuclune Frank	Susanna Catrick				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT, 6/2/ ADDRESS				
164-14-1101	wm H Stellhorn-Chinquepin PKuy.				
18. 33/X L CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET ANO DEATH				
LEADING TO DEATH	ral Hemorrhage				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	Comment of the Section of the Section Comments of the				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO					
UNDERLYING CONDITION LAST.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	and the second s				
4 218 PLACE OF INVIDENCE OF	YES X NO				
UNDERLYING OR CONTRIB.					
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?				
F INJURY MHILE AT NOT WHILE MORK AT WORK					
22. I certify that I took charge of the remains described	above, held an sutopsy thereon and from				
	Autopsy, Inspection or Inquiry				
	Inquiry, find that said deceased died on the day stated above is $[X]$, accident \Box , suicide \Box , homicide \Box , undetermined \Box .				
22. SIGNATURE A HOS	23B. CHIEF MEDICAL EXAMINER 2 23c. DATE SIGNED				
23A. SIGNATURE Of rsher	A.D. ASSISTANT MEDICAL EXAMINER 7/26/52				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE					
TION REMOVAL (Specify) 7/29/5-2 Mt Oliver	Cem. 1 Ballimore				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
JUL 29 1952 Huntington Williams, M.	W- Cork Jul. Dummer				
V S 151 220	649				



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0	/	17-1	22
I had		1 1	Frankow

BALTIMORE CITY HEALTH DEPARTMENT

Din	TH NO.		E OF DEATH		
	NAME OF DECEASED pe or Print)			2. DATE OF DEATH JAPY 26, 1952	
3. F	THOMAS F.	A. STEVENS, M. D.	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence	
	Baltimore City, Maryland	tal or institution, give street address or	A. STATE	B. COUNTY before admission	
HO	TULL NAME OF (If not in hospit SPITAL OR STITUTION	lai or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits write RURAL and give	
4	St. Joseph Ho		Baltimore	1.00	
	ngth of stay in Baltimore	Yrs, Mos. Days	D. STREET ADDRESS (If r 2878 Harfor		
5. 5		7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Under Year If Under 24 Hours	
Ma	le White	WIDOWED, DIVORCED (Specify) Married	1/15/86	last birthday) Months Days Hours Min.	
10A work d	. USUAL OCCUPATION (Give kind of lone during most of working life, even if retired) Physician	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		
13.	FATHER'S NAME	2-2-2-10-11-11-11-11-11-11-11-11-11-11-11-11-	14. MOTHER'S MAIDEN NA	ME	
			Catherine		
15. (Yes,	WAS DECEASED EVER IN U. S. ARMEI no or unknown) (If you, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Charlotte Steve	ADDRESS Habford Kd.	
ERTIFICATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT	F ANY, GIVING STATING THE AST. (C)	deempens htes Mel	degeneration de proposition de la seria del seria della seria dell	
U TO THE DISEASE OR CONDITION CAUSING IT.					
Z Z	0			YES NO	
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c		in Baltimore City, give exact location)	
	210. TIME (Month) (Day) (Year) INJURY 22. I hereby certify hat att	m. WHILE AT NOT WHILE AT WORK	ly 25, 152, to fee	occur?	
2	deceased alive on			e foluses and on the date stated above	
4	1. (14)	scaglity M.D.	06. Desale	Of July 75	
TIO	BURIAL, CREMA- 248. DATE BREMOVAL (Specify) DUPIA	22 ONEW Cath	ry or CREMATORY 240. La	CATION (City, town or county) State)	
DA"	TE RECEIVED BY REGISTRAR	ston Williams MD	25. FUNERAL DIRECTOR	Baltimne Md.	
	VS 150				
		075	FS		
13. 15. (Yes.	USUAL OCCUPATION (Give kind of lone during most of working life, even if retired) PHYSICIAN FATHER'S NAME WAS DECEASED EVER IN U. S. ARMEI no or unknown) IB. DISEASE OR CONDITION LEADING TO DEA' (If yos, give war or date) (This does not mean the mode of heart failure, asthenia, etc. It men injury or complication which of the control of the above cause (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) INJURY 22. I kereby certify that att decased alive on Cause of Death BURIAL CREMA- 24B. DATE REMOWAL (Specify) 30 IE RECEIVED BY REGISTRAR	DIRECTLY TH of dying, e.g., ms the disease, caused death.) SES FANY, GIVING STATING THE DIE TO CAUSE (B) UE TO CAUSE (C) UE TO CAUSE (D) CAUSE (A) UE TO CAUSE (B) UE TO CAUSE (C) UE TO CAUSE (C) CAUSE (B) UE TO CAUSE (C) CAUSE (B) CAUSE (C) CAUSE (C) CAUSE (B) CAUSE (C) CAUSE (B) CAUSE (C) CAUSE (B) CAUSE (C) CAUSE (A) CAUSE (A) CAUSE (A) CAUSE (C) CAUSE (A) CAUSE (A) CAUSE (B) CAUSE (C) CAUSE (A) CAUSE (A) CAUSE (A) CAUSE (B) CAUSE (C) CA	ATION AT	ADDRESS ADDRESS ADDRESS ADDRESS AND DE INTERVAL BETWONSET AND DE STAND DE S	

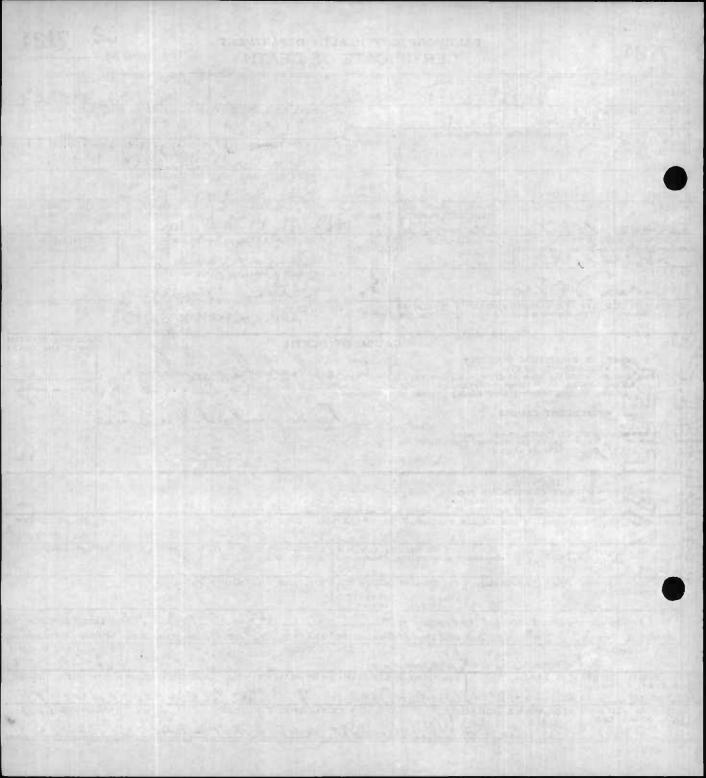


4600					
52 7123, 1/7/7 CERTIFICATE OF DEATH Registered No. 7123					
BIRTH NO. 5/-26	7/7 CERTIFICAT	E OF DEATH	Registered No.		
1. NAME OF DECEASED (Type or Print)	773 3		2. DATE OF		
3. PLACE OF DEATH:	Ellen	4. USUAL RESIDENCE (W	DEATH 7 28 here deceased lived, If ins	stitution: residence	
A. Baltimore City, Maryland	Baltimore, Maryland ital or institution, give street address or	Maryland, Balt	B. COUNTY	before admission)	
HOSPITAL OR	location)		outside corporate imits		
St. Agne	es Hospital	Baltimore	4	tolivnship)	
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE	8 Mos. Days	1010 Haverhill		der I Year H Undar 24 Hours	
Female White	WIDOWED, DIVORCED (Specify) Single		last birthday) Mont	hs Days Hours Min.	
10A. USUAL OCCUPATION (Givekind)	of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF	
work done during most of working life, even if retired	industry	Maryland		WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
James Moore		Nancy Smith	Edit Establ		
15. WAS DECEASED EVER IN U. S. ARM (Yes, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	DRESS	
18. 1 1 1 0		OF DEATH		INTERVAL BETWEEN	
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO LII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
. 19A. DATE OF OPERATION				20. AUTOPSY?	
U Los Marios Con Mario					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING bldg., etc.) LYING OR CONTRIBUTING bldg., etc.)					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE					
m. WORK AT WORK					
deceased alive on 7-28, 1952, and that death occurred at 8:50 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23c. DATE SIGNED	
Steven St					
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAPS SIGNATURE 25. FUNERAL DIRECTOR Ballimore					
VS 150					

THUSE REPORTED Cuclingual library

B1	7124 RTH NO.					LTH DEPAR		Regist	52 tered No.	71	.24
	NAME OF D ype or Print)	ECEASED Vol	atta	7. 2	Vila	200		OF DEATH	mluk	29,19	52
A.		City, Maryland	Da			4. USUAL RESI	DENCE (W	here deceased B. COU			idence dmission)
HC	FULL NAME DSPITAL OR STITUTION	JOHNS HO		1	loon tion \	C. CITY OR TOW		outside corpora	ate limits, wr		and give township)
	Donath of a	tow in Poltimana			Mos.	STREET ADD	RESS (1)	ural, give loca	tion)		
	SEX	6. COLOR OR RACE	7. SINGLE,	MARRIED, D, DIVORCED		DATE OF BIR	TH 1938	9. AGE (In y last birtho	vears if Under lay) Months	1 Year If U	nder 24 Hours urs Min.
	A. USUAL OC	CUPATION (Give kind of of working life, ever if retired)	108. KIND		S OR DUSTRY	1. BIRTHPLACE		reign country)	12.	CITIZEN WHAT CO	
13	FATHER'S	NAME IC'D.				4. MOTHER'S N	MAIDEN NA	ME		1 1237	/
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURIT	Y NO.	7. INFORMANT	S HOPKI	MIS HOEB	ADDR	ESS	
	18.			C		DEATH		110 110311	IVE 4	INTERVAL	BETWEEN
FICATION	(This does heart failu injury or DISEASE: RISE TO T	SE OR CONDITION LEADING TO DEA inot mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	FH f dying, e.g., ns the discase, caused death.) SES F ANY, GIVING STATING THE	DUE TO	ntu Ieu	te lyn	hen ybni	onha I lend	ge lemia	ONSET AN	
CERTI	TRIBUTING	II IGNIFICANT COND! TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED								
1				FINDINGS O						20. AUT	
EDICA	21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY m,factory,street,o				f in Baltimore	City, give	exact locat	ion)
Σ	D. TIME INJURY	(Month) (Day) (Year)	w		OCURRED OT WHILE		ID INJURY	OCCUR?			
	22. I hereb	y certify that I att live on 7-29			h occurr	ed at 1.10 An	n., from th	re causes an	, 19 52 , th		
	23A, SIGNA	TURE Noman	6. X	haver,	4. D. 23	ADDRESS JOHNS	HOPKIN	IS HOSPIT	AL 2:	3c. DATE	
TIO	N. REMOVAL (S	CREMA: 24B. DATE Specify)		HURCH	FILL	OR CREMATOR	-	LELL A			(State)
DA	TE RECEIVE CAL REGIST JL 2919	RAR	s SIGNATUR	Villiaus	- 11	5. FUNERAL DI	IRECTOR		AD	DRESS 2	m 15

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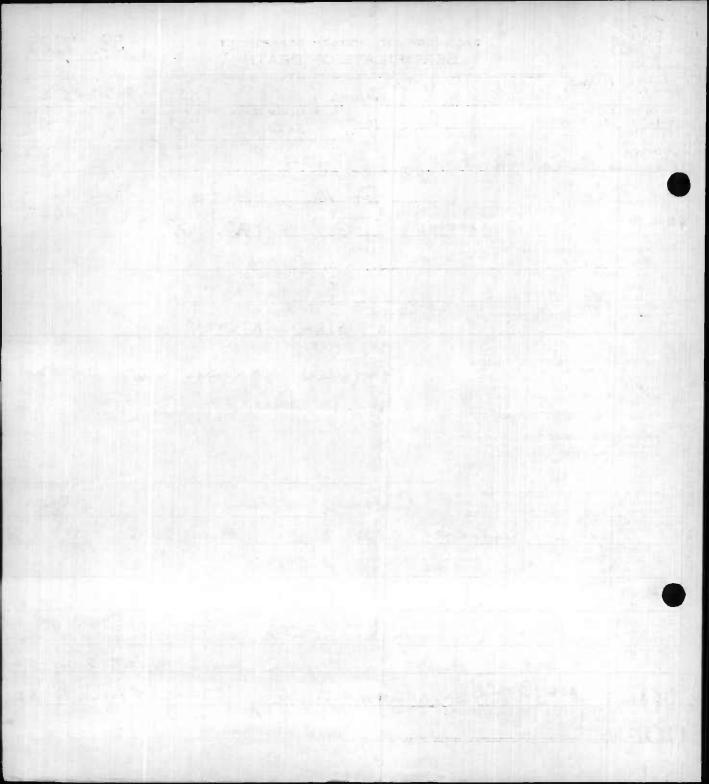


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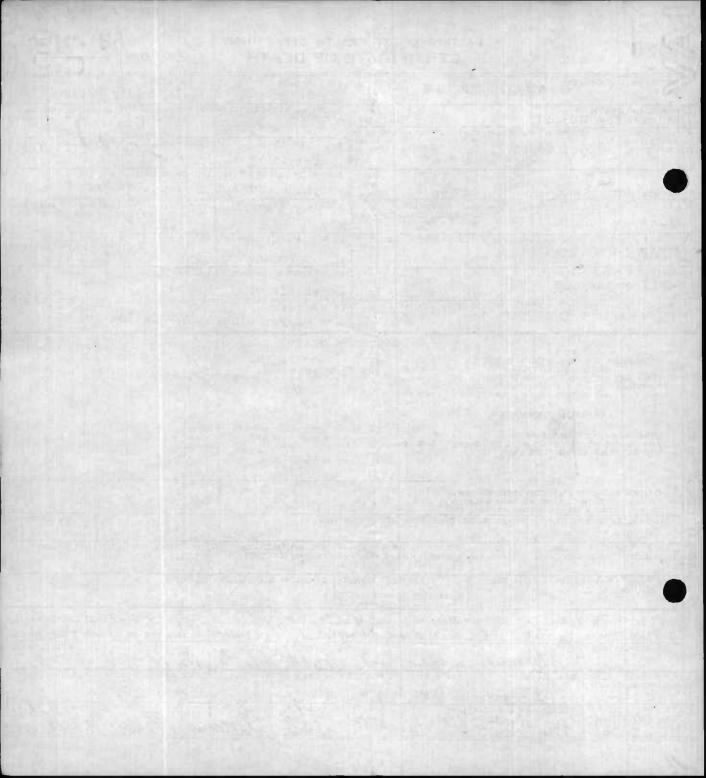
BALTIMORE CITY HEALTH DEPARTMENT

52 7125

BIRTH NO.	TE OF DEATH				
1. NAME OF DECEASED (Type or Print) MAS. Helen Wolf [W6]	losz 7 2. DATE OF DEATH 2-27-	-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	ion : residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION	or MD	RORAL and give			
Harriana General Harkital	BALTO Le (1	township)			
Yrs	- 1 - 1				
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	407 J. Clinton St. Balto	36			
FEMALE WHITE WIDOWED, DIVORCED (Speci		ays Hours Min.			
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) INDUSTE		TIZEN OF			
House wife	Toland.	ra-			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
George Marzac.	Veronica Czajt				
15. WAS DECEASE EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) [16] (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRES	s			
	STHWIZH AUS WOLD				
18. 56/. 1 CAUSE		SET AND DEATH			
DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, c.g., (A)	rgulated left femoral benia	10 days.			
heart failure, asthenia, etc. It means the disease, injury or complication, which caused death.)					
ANTECEDENT CAUSES					
Z (B)		***************************************			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CON-	A.4.				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nary embolism !	day.			
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 2	O. AUTOPSY?			
7-19-52 Gangre NOW Small		ES NO			
HOMICIDE (Specify) / shout home, farm, factory, street, office bidg., etc.) INJURY OCCUR?					
PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
MHILE AT NOT WHILE MY NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 2-19 3957 to 7-27, 195, that I last saw the					
deceased alive on 7-27, 1957 and that death occurred at 227m., from the causes and on the date stated above.					
23A. SIGNATURE 7 rank D. Houly M.D.	Maryland Seneral Hospital 7.	DATE SIGNED			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	TERY OR REMATORY 240. LOCATION (City, town, or coun				
BURIAM BURJ 30/32 SACRED.44	EXPLOY GERMANHILL				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDR	ESS			
JIII 29 1952 Tuntington Williams MD.	Stephen J. Fialkowski, Inc.				
VS 150					



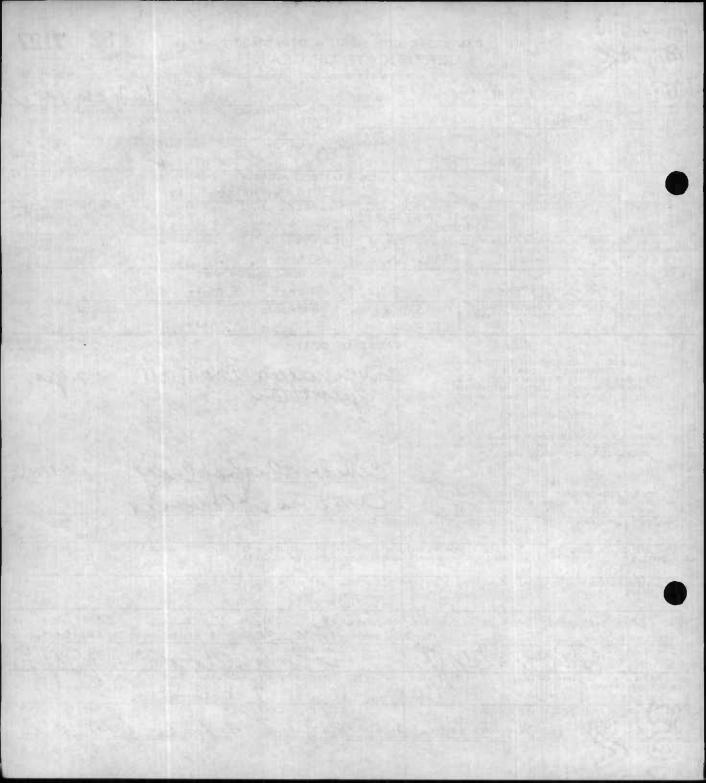
7126	CERTIFICATE OF DEATH Registered No. 126					
BIRTH NO.						
1. NAME OF DECEASED WILLIAM GO	OLDMAN	2. DATE OF July 27,1952				
3. PLACE OF DEATH: . Reltimore City Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence				
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)	ution, give street address or	Maryland				
HOSPITAL OR INSTITUTION Royal Court Apts 2477 Cal	looption	C. CITY OR TOWN (If outside corporale limits write RURAL and give township)				
2477 Cal.	low Ave	Baltimore				
c. Length of stay in Baltimore 4	Yrs. Mos. A Yrs Days	o. STREET ADDRESS (If rural, give location) Royal Court Apt 2477 Callow Ave				
5. SEX 6. COLOR OF RACE 7. SING	LE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours				
Male White Wind	WED DINORCED (Specify)	May 4, 1901 last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of 10B. KIN work done during most of working life, even if retired) Insurance Agent	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		Poland 14. MOTHER'S MAIDEN NAME				
Simon Goldman		Sarah Eisner				
	l 16. SOCIAL					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yos, give wer or dutes of service)	SECURITY NO.	Mrs Sadye Goldman 2477 Callow Ave				
18. 428.1	CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH				
DISEASE OR CONDITION DIRECTL	Y	-to				
(This does not mean the mode of dying,	8. (A) LO	may / Lymbour				
heart failure, asthenia, etc. It means the dise injury or complication which caused des	ase,					
I I I I I I I I I I I I I I I I I I I						
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, IF ANY, GIV						
Z DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED.						
	(C)					
OTHER SIGNIFICANT CONDITIONS	on.					
TRIBUTING TO THE DEATH, BUT NOT RELA						
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER					
V	YES NO					
YES NO Z 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?						
o. TIME (Month) (Day) (Year) (Hour)						
INJURY WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended th	ie deceased from	19 XX, to (), 1957, that I last saw the				
deceased alive on 1. 19 1/2 and that death occurred at 10 9 m., from the causes and on the date stated above.						
23A. SIGNATURE A ME 23B. ADDRESS WAR DE 23C. DATE SIGNED						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) (State)						
Burial July 29,1952 United Hebrew Cwmetery Washington Blvd						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNDA DIRECTOR BOARD NOTE OF THE CO.						
JUL 29 1954 Huntington	Villiams, My.	sol surusont days. Il out are				
VS 150	11-					
	430	7/3				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S2 7127 Registered No.

BI	RTH NO.									
	NAME OF D 'ype or Print)	ECEASED HOWARD	CLIFTO	N		2. DATE OF DEATH JAC	ly 26, 1950			
Α.		City, Maryland			4. USUAL RESIDENCE (WA. STATE	here deceased lived B. COUNTY				
	FULL NAME	OF (If not in hospita	al or instituti	ion, give street address or location)		outside correspondi	in its write RUEAL ind give			
IN	ISTITUTION	3313 Devo	nchire	Drive	Baltimo		(ownship)			
P		0010 0010	1011110	Yrs.	D. STREET ADDRESS (If)					
				Mos.						
	Length of s	tay in Baltimore	70.00.00.00.00.00.00.00.00.00.00.00.00.0	Days	3313 Devonshire		1 # 5 4 1 V # H 4 54 D			
Э.	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.			
	D. W.	V	Wide		June 2, 1875	77				
1 C	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
	Retire	of working life, even if retired) d Clerk	Gas &	Elec. Co.	Baltimore, Md.		USA			
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME				
		bert D. Clift			Caroline Hof	ſman				
	, mo or unknown)	ED EVER IN U.S. ARMED (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	No			212-05-2708	Mr. Robert G.	Difton 33	13 Devonshire			
	18. /	ファレ		CAUSE	OF DEATH	n-1 Samil	INTERVAL BETWEEN			
	DISEAS	SE OR CONDITION	DIRECTLY		,	/ /				
П		LEADING TO DEA	ГН	Care	emacua /r	postals	2. U.A.			
	heart failt	ire, asthenia, etc. It mea	ns the diseas	e,	(and the	Same of the same of	- The			
	injury or	complication which of	aused death	.) DUE TO	acrecios.					
		ANTECEDENT CAUS	SES							
Z	DISEASE	S OR CONDITIONS, I	E ANY CIVIA	(B)		***************************************				
Ĭ	RISE TO 1	THE ABOVE CAUSE (A)	STATING TH							
3	UNDERL	YING CONDITION LA	ST.		0 0 0	10				
Ī				(C) CU	veryal affa	polexy	12 wes			
2	OTHER 5	II SIGNIFICANT CONDI	TIONS COM	٧.						
ı	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE		viterio alla	uses .	2124			
)		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?			
A		0					YES NO			
2	21A. ACCIDE	ENT. SUICIDE.		CE OF INJURY (e.g., i		f in Baltimore Cit	ty, give exact location)			
니	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?					
Σ	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
K	INJURY			WHILE AT NOT WHILE						
	22 7 1				ue , 1912 to 7	126 1	O J GWest I last once the			
			enaea the	deceased from	rred at 10:00m., from the		9 Stat I last saw the			
	deceased a		_, 19,		238. ADDRESS	ie causes and o	23c. DATE SIGNED			
	23A. SIGNA	Selote	Fe De) K M.D.	rorou, e	leceve	4 1/28/52			
2	4A. BURIAL.	CREMA- 24B. DATE		24 NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, to	own, or county) (State)			
11	Burial	7-29-	52	Loudon Pk	Balt	imore. Md.				
D	ATE RECEIVE				25. FUNERAL DIRECTOR		ADDRESS			
L	OPAL REGIST	1952 1 +	ton 1	VIlliams NJ	No 0 7 . 6 . 1.	L. O.	Bell med			
		Huntu		Thursday, 11.7	mm. J. Marine	July July	13001 1191			

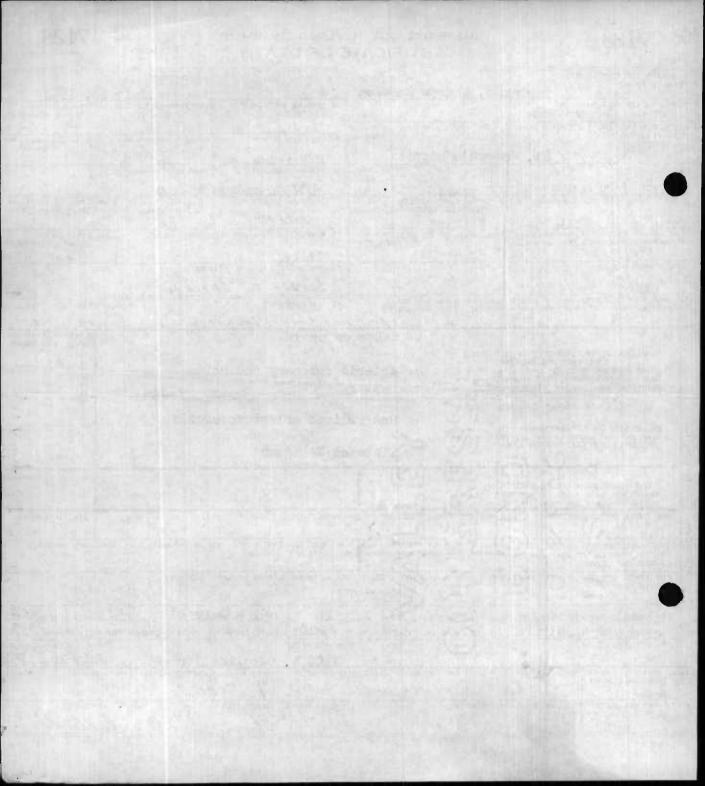


15/	6
35/	7128

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7128

В	IRTH NO.				CER	HIFICAI	E OF DEATH	registered	110	
1.	NAME OF D	ECEASI	ED		-	ROSARIO		2. DATE		
(7	Type or Print)			rdo. Ar	ndrew	Russoll	5R	OF DEATH July	28. 10	952
	Baltimore (4. USUAL RESIDENCE		If institution :	: residence ore admission)
В.	. FULL NAME OF (If not in hospital or institution, give street address of						Maryland		(pulled)	A Cadministra
H	OSPITAL OR					location)		(If outside corporate lim	its, write RU	
L	+1		St. J	oseph1	s Hos	pital	Baltimore #2	0 60	9 /	township)
						Yrs.	Baltimore #2	If rural, give location)		
	ngth of s	tay in	Baltimore	50 yea	ane	Mos. Davs	3407 Edmonds	n Avenue		
5.	. SEX	6. COL	OR OR RACE	7. SINGLI	E. MARR	IED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year	If Under 24 Huurs
2.0	To 7 .	18/2	nite	2.5	ried	ORCED (Specify)	Oct. 4. 1874	last birthday) N	Ionths Days	Hours Min.
1c	A. USUAL OC	CUPATI	ION (Givekinder)			SINESS OR	11. BIRTHPLACE (State or	r foreign country)	I 12. CITIZ	EN OF
TOT	k done during most	of working	life, even if retired)	BAR	BER	INDUSTRY			WHAT	T COUNTRY?
13	FATHER'S				7 2 10		Italy 14. MOTHER'S MAIDEN	NAME	U. J.	- 11
	. /		MBARDO							
16	5. WAS DECEASE			5000500	1			EVIAQUA		
(Ye	s, no or unknown)	(If you	a, give war or date	of service)	16. SO SE	CURITY NO.	17. INFORMANT		ADDRESS	
	No				215-3	32.0457	MR. VINCENT LONB.	ARDO 3407 K	DHONDSO	ON AVE
	18. 760	o X	Carrier S			CAUSE	OF DEATH		INTERV	AND DEATH
	DISEAS	SE OR	CONDITION	DIRECTLY					ONSET	AND DEATH
	(This does		an the mode o		· · · · · ·	Arteri	o coronary occli	ision		
	heart failu	re, asthe	enia, etc. It mean	ns the diseas	e,	E TO		4 4 4 6 4 	***************************************	***************************************
	injury or	comprie	sation which c	auseu death	.) 001	E 10				
ы	ANTECEDENT CAUSES									
Z O	DISEASES	S OR CO	ONDITIONS, IF	ANY GIVIN	(B)Genera	lized arterioscl	Lerosis		• • • • • • • • • • • • • • • • • • • •
Ĕ	RISE TO T	HE ABO	VE CAUSE (A) ONDITION LA	STATING TH	E DUI	E 70				
Y I	UNDERLI	ING C	ONDITION LA	51.	(c) Diabet	es Mellitus	oo oo ********************************		
<u></u>										
E	OTHER S	IGNIFIC	CANT CONDI	TIONS CON	4.					
Ш	TRIBUTING	TO THE	E DEATH, BUT	NOT RELATE	D					
O	19A. DATE O		OR CONDITION			GS OF OPER	ATION	*	1.00.4	AUTOPSY?
AL			0	DE. MAGOIL	THADIL	ios or or En	ATION		YFS Y	No X
<u>U</u>	21A. ACCID	FNT W	AS UNDER-	218. PLA	CE OF I	NJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City,		
ED	LYING OF	R CONT	RIBUTING	about home, f	arm, factory	y, street, office bldg.,	te.) INJURY OCCUR?	(give cauce	out total)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?										
	INJURY				WHILE AT	NOT WHILE				
m. WORK AT WORK									45	
22. I hereby certify that I attended the deceased from July							y 28 , 1952, to		52, that I l	ast saw the
deceased alive on July 28, 19 52, and that death occurred						red at 10:30am., from	the causes and on	the date st	ated above.	
Н	23A. SIGNAT	TURE	(10)	4/_	/ -	2	3B. ADDRESS			TE SIGNED
			(19	·	us	M. D.	11:00 N. Carolin	ne Street	July	28, 1952
24 TIC	4A. BURIAL, CON, REMOVAL (S	Decify	24B. DATE		24c. NAN	ME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	n, or county)	(State)
	BURIAL	,	7-31.5.	2	NEW	CAZNEDRA	7 7 1	BALTO. HD		
D	ATE RECEIVE	D BY	REGISTRAR'S	SIGNATU	RE J	had the	25. FUNERAL DIRECTOR		ADDRESS	5
_(DCAL REGIST	952	H 4:	+ 1	1/11.		Mars O. Tech.	· Sous. Inc.	R. O.	ned
	VS 150	INUK!	Juston	grow V	Music	W- 1.7?	Jim J. Cummer	once. and.	Julia.	70-7
	V5 150		/	100		3 /				



450	
52 7129 BALTIMORE CITY H	EALTH DEPARTMENT \$ 52 7400
BIRTH NO. Alema R	E OF DEATH Registered No. 123
(Type or Print) Gesinal Geim	2. DATE OF DEATH 7-9-17-52
a. Baltimore City, Maryland 6420 Reistenstown Road B. FULL NAME OF (If not in hospital of institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION THE SETON INSTITUTE	
Ceton Institute Yrs. Mos. Mos. angth of stay in Baltimore 3 4/3-2-6 days Days	D. STREET ADDRESS (If rural, give location) 4400 Leeds Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Glvekind of work done during most of working life, even if retired) YETITED HOUSENIE TO HOUSENIE	11. B/RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U-S. A.
13. FATHER'S NAME GEORGE GOOSINAN	Anna Blume
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

Timone 304X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (A) injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

2 Ic. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

WHILE AT NOT WHILE WORK AT WORK

19.52-that I last saw the

deceased alive on. 23A. SIGNATURE

6. 195 2 and that death occurred at 238 ADDRESS

m., from the causes and on the date stated above. 23C. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DAT

24c. NAME OF CEMETERY OR CREMA LOUDEN PK CEM

DATE RECEIVED BY LOCAL REGISTRAR

BURIAL

CERTIFICATION

EDICAL

3052 REGISTRAR'S SIGNATURE

untinglow

25. FUNERAL DIRECTOR

ADDRESS

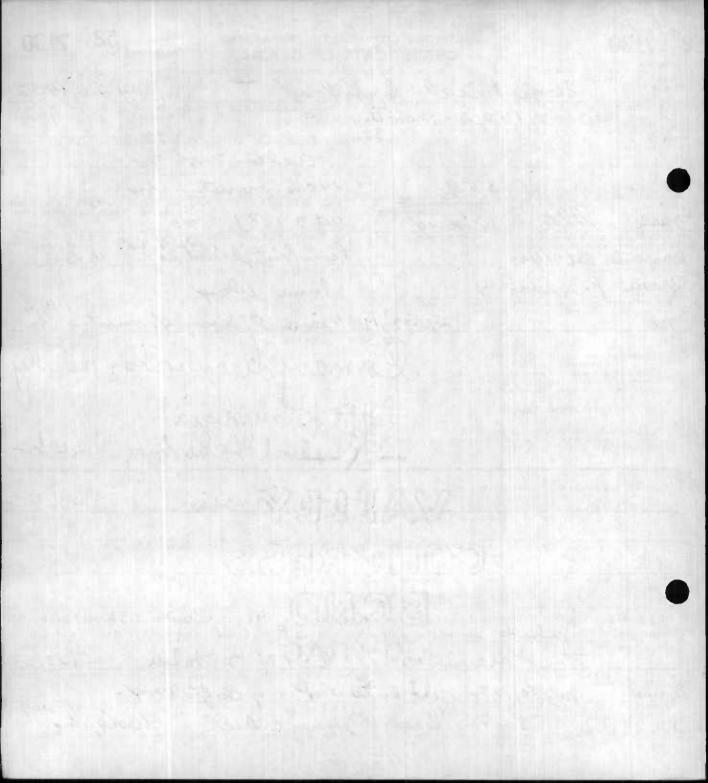
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1-10	5/
2	7130

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

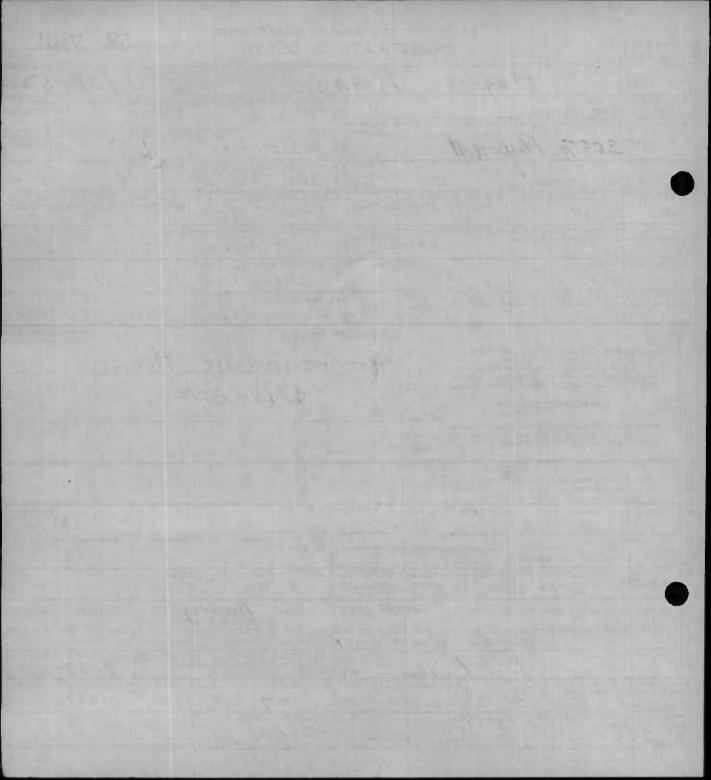
Registered No. 7130

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) George Poscal bro	nford 2. DATE of July 26, 1952
A. Baltimore City, Maryland 140 & monastery	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY Defore idmission)
B. FULL NAME OF (If not in hospital or institution, give street address location) INSTITUTION	
	Ballo. mg.
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore 23 4 Days	140 s. morastey Are.
male White Wishowed Specify.	8. DATE OF BIRTH OA 3 1881 9. AGE (In years If Under I Year Months: Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)
Carpenter Ret. 44s.	Them Point, balveit bo. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
george P. Granford	Anna Ward
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 140
20 2015-07-1191	Pierre W. Granford, monastery Asp.
18. 4 20. 1 , SAUSE	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	account Visa la son but the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	oriany survenied 2-3 military
	11-10
ANTECEDENT CAUSES	Templeza
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	exclude Hemorrhood 2 who
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	yperleusion years
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO L
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING aboot home, farm, factory, street, office bldg.,	lo or 21C. WHERE DID (If in Baltimore City, give exact location) obc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ZED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE A NOW ORK	
22. I hereby certify that I attended the deceased from	15 ,1947 to July 26, 1957 that I last saw the
deceased alive on July 2/49 52 and that death occur	
	238. ADDRESS 23c. DATE SIGNED
(a) Mendellis M. D.	105/ 1 Denouse 1 2/28/52
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REDSTRAR'S SIGNATURE.	ES. FUNERAL DIRECTOR ADDRESS 3109
JOL 29 1952 Huntington Williams, My	Henry E. Dill Freels Are.
VS 150	Total Total
5102	-K



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 20 7131

BIRTH NO!			CLICITI ICAT	L OI BLAIN					
1. NAME OF (Type or Print)	H	ugus	T RA	ABE	2. DATE OF DEATH	126/52			
3. PLACE OF A. Baltimore	DEATH: City, Maryland		•	4. USUAL RESIDENCE	(Where deceased lived, I	f institution : residence before admission)			
B. FULL NAME	OF 'f not in hospita	al or institut	ion, give street address or	Md.		4.4			
INSTITUTION	309 n. Pay	bous	//	Baltimut	(If outside corporate lim	its, write RUR/L and give township)			
ength of	stay in Baltimore		Yrs. Mos. Days	309 N.	If rural, give location)	4			
M	6. COLOR DR RACE		E. MARRIED. PED, DIVORCED (Specify)	9an-17.18		If Under 1 Year If Under 24 Hours In the Days Hours Min.			
work done during mo	CCUPATION (Give kind of stof working life leven if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Baltimor		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S	NAME derick Ra	abe	grovery (R)	14. MOTHER'S MAIDEN	Gottsch &	olk.			
15. WAS DECEA	SED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Melvin Ra		ADDRESS Crace.			
(This do heart fai injury of the least fai injury of the least faithful the least faithfu	ASE OR CONDITION LEADING TO DEAT es not mean the mode o lure, asthenia, etc. It mea r complication which c ANTECEDENT CAUS ES OR CONDITIONS, IF THE ABDVE CAUSE (A) LYING CONDITION LA	FH dying, e.g. ms the disease aused death ES FANY, GIVING STATING TH	(B)	OF DEATH RIOSCLEROT DISE		DNSET AND DEATH			
TRIBUTIN	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.								
			FINDINGS OF OPER	ATION		20. AUTOPSY?			
A PL						YES NO L			
UNDERLYII	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.		.CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)			
Z 21D. TIME OF INJURY	(Month) (Day) (Year)		HILE AT NOT WHILE AT WORK	21F. HOW DID INJU	RY OCCUR?				
the en	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER								
04: 5::5::	1	W		D. MEDICAL INVESTIGA	ATOR	1-27-52			
24A. BURIAL. TION REMOVAL	Specify)	9-52	BL/air Ma	6/	as for of Co	or county) (State).			
LOCAL REGIS		1 11	liques MD	Wim Won 9	ne. Ball	ADDRESS			
V S 151	ð		3906	A.					

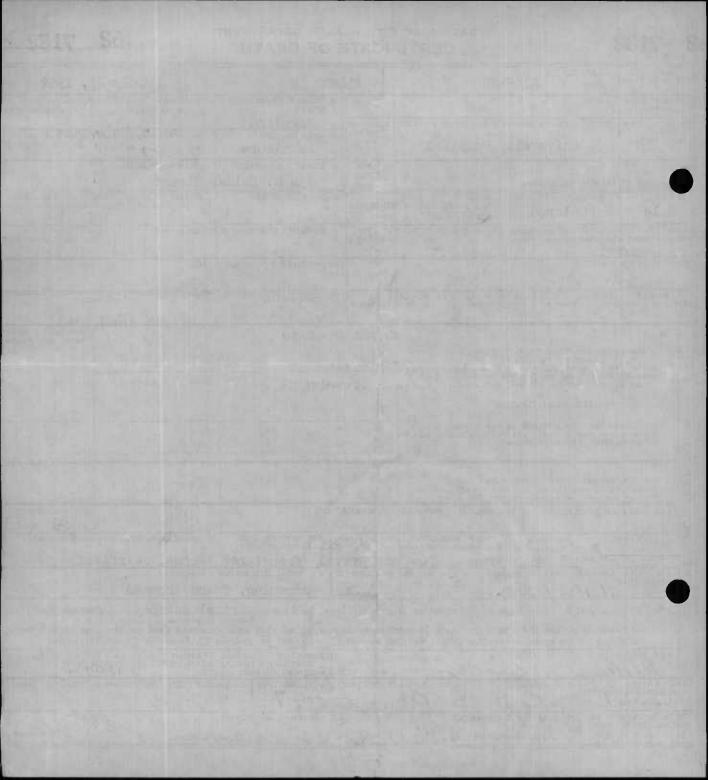


450 BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7132

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RICHARD July 27, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF if not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION University Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 134 S. Dallas Street ength of stay in Baltimore Days 5. SEX 6, COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male Colored Single 1920IOA. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Jaborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Allen Railer Nannie 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO. Davidson Funeral Home Chardot 929. V. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Asphyxia (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. Drowning injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LNJURY OCCUR? (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UTING CAUSE OF DEATH Frankfurst Avenue, Fairfield Arundel Sand and Gravel 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY 25-6 drowning, found drowned 22. I certify that I took charge of the remains described above, held an __ partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident B, suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER...... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) AC. NAME OF CEMETERY OR CREMATORY | 240 LOCATION (City, town, or county) 31-DATE RECEIVED BY LOCAL REGISTRAR V S 151

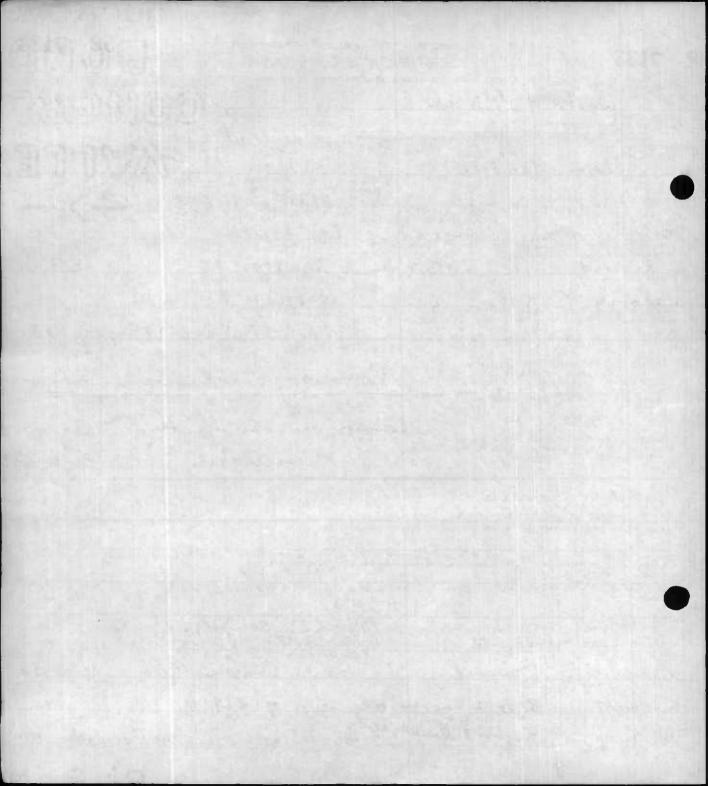


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0	m100	
1	7133	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	7133
Registered		73.00

BI	BIRTH NO.								
	NAME OF DECEASED (De or Print) Walter H.	McKi	1ew			28,1952			
3.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If ins	titution: residence before admission)			
В.	FULL NAME OF (If not in hospit	al or instituti	ion, give street address or	Maryland 9					
	STITUTION		location)	C. CITY OR TOWN (If	outside corporate limits, v	township)			
	Union Me	moris		D. STREET ADDRESS (If	rural, give location)				
	and as store in Deltimore	0.0	Yrs. Mos.	112.26	0 -				
	Length of stay in Baltimore SEX [6.COLOR OR RACE]	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years) It lin	ter I Venr If Under 2d House			
	male, white		ED, DIVORCED (Specify)	NAV 17 1882	last birthday) Month	as Days Hours Min.			
	A. USUAL OCCUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 1;	2. CITIZEN OF			
worl	done during most of working life, even if retired)	13	- O. Railroad	130 1to		WHAT COUNTRY?			
13	FATHER'S NAME		, 0.11001118000	14. MOTHER'S MAIDEN NA	AME	<u> </u>			
	Thomas McKi	new		Itarriet ?					
15 (Ye	. WAS DECEASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADE	PRESS			
120	No. No		SECORITI NO.	Mrs. Louise McKr	1ew-4718Eug	ene Ave.			
	18. 4 20.1	E LOW	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION		0	A)	1.	10			
	(This does not mean the mode of heart failure, asthenia, etc. It mea	f dying, e. g		tonony Ve	Lusion	2 Kous.			
	injury or complication which of				A •				
	ANTECEDENT CAUS	ES	C 0.		Acres	9			
NO	DISEASES OR CONDITIONS, II	F ANY, GIVIN	(B)	P. Vascular 14	The went	JAMES			
ATIC	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA		E DUE TO	de Nein land	/ /	2			
Ō			(C)			374-0:			
TH	11								
ERTI	OTHER SIGNIFICANT CONDI	NOT RELATE	.D						
U	19A. DATE OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?			
AL	0					YES NO			
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING		ACE OF INJURY (e. g., i		If in Baltimore City, giv	e exact location)			
1E	CAUSE OF DEATH								
	D. TIME (Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?				
		m.	WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I att	tended the	deceased from IM	orch 3, 1951, to Je	ily 28, 1952,	that I last saw the			
	deccased alive on July 26	, 19 .5. d.,							
	23A. SIGNATURE		0	4636 Below	: Box	23c. DATE SIGNED			
2.	A. BURIAL, CREMA- 248, DATE	muse	M. D. 24c. NAME OF CEMETE		OCATION (City, town, or				
F.	ON, REMOVAL (Specify)	16.57	1	BA!	++01	mel			
D	ATE RECEIVED BY REGISTRAR	SSIGNATI	Harraine	25. FUNERAL DIRECTOR	D. 1	DDRESS			
L	JUL 201052 Hantin	actor 1	Vethaus, My	John T. Stanshan	11-2700 Edm	ondson Ave.			
=	VS 150	0			1				
			690	50					



CERTIFICATE OF DEATH Registered No. 7134

B	IRTH NO.	T.			e. DEATH					
1.	NAME OF D					2. DATE				
(1	'ype or Print)	Mary	Ellen	Johnson.	OF DEATH July 27.1952					
	Baltimore (City, Maryland			4. USUAL RESIDENCE	(Where deceased lived,) B. COUNTY	l'institution : residence before admission)			
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital	al or institut	ion, give street address or location)	c. CITY OR TOWN		its, write RURAL and give			
	1./)	3819 Rolan	d Ave.		Baltimore	15-	township)			
				Yrs.	D. STREET ADDRESS (f rural, give location)				
0	Length of s	stay in Baltimore		Mos. Days	3819 Roland	Ave.				
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year If Under 24 Hours Ionths; Days Hours; Min.			
F	'emale	white	Widow		June 15, 1863		Ionths Days Hours Min.			
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF			
wor:	Housewo	of working life, even if retired)		INDUSTRY	77.0		WHAT COUNTRY?			
13	FATHER'S				Virginia 14. MOTHER'S MAIDEN I	NAME	U.S.			
	771									
1 5	Unkno	ED EVER IN U. S. ARMED	rongere.	1 10 000111	Octavia Fogs	rty.				
(Ye	s, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
					Elizabeth L.S	schrock 381	9 Roland Ave			
	18.	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN			
	1 ONDER AND DEATH									
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) A Various State (C.U. Vis									
	heart failu	ire, asthenia, etc. It mea	ns the diseas	e,						
	ANTECEDENT CAUSES									
0	DISEASES OR CONDITIONS, IF ANY, GIVING									
Ě	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO						
U				(C)	•••••		**********			
ERTIFICATION		11								
RT		II SIGNIFICANT CONDI								
CEI		TO THE DEATH, BUT								
				FINDINGS OF OPER	ATION		20, AUTOPSY?			
AL		0					YES NO			
N	21A. ACCIE	ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,				
MEDICAL	LYING OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg., e	w.) INJURY OCCUR?					
	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	21F. HOW DID INJUI	RY OCCUR?				
1			m.	WHILE AT NOT WHILE						
	22. I hereb	y certify that I att	ended the	deceased from	ly / 20195/to	Chely 27 194	2that I last saw the			
			100	and that death occur	red at 6 20 m from	1 1	the date stated above.			
	23A. SIGNA		1 01		3 ADDRESS	na V	23c. DATE SIGNED			
		law.		manay M.D.	4057 8a	80 1 d	1/18/52			
Z.	4A. BURIAL, ON, REMOVAL (S	CREMA 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24D.	EOCATION (City, tow	n, or county) / (State)			
	Burial	July 30	0/52	1. Sta Mary G	Hampden 3	900 Roland	Ave Md			
	ATE RECEIVE	D BY REGISTRAR	SIGNATI	He thaus, My	25. FUNERAL DIRECTOR	17	ADDRESS			
	JUE Z	3.1325 House	7	- 7	Luctur & A	Jonovan)	-3818 Nota			
=	VS 150						Ci.e			

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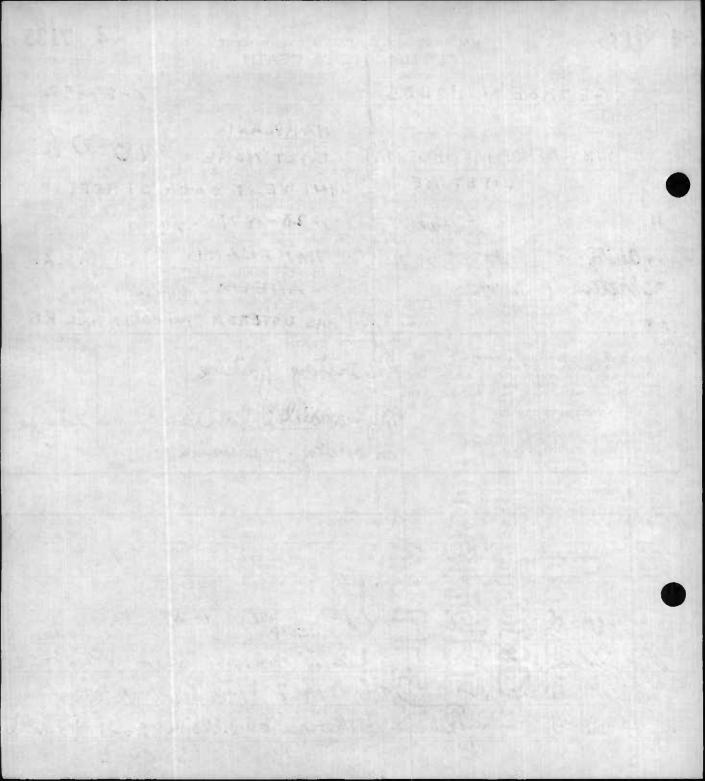
ava bhe for Olea Moondal. Interext to

BALTIMORE CITY HEALTH DEPARTMENT

52 7135

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE M. HOBBS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION UNION MEMORIAL HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) LIFETIME IHI WEST 36th STREET ength of stav in Baltimore 6. COLOR OR RACE 7. SING E MARRIED. WILDWED DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) AGE (In years | Il Under 1 Year | Il Under 24 Hours last birthday) | Months: Days | Hours | Min. 7-23-1874 KIND OF BUSINESS OR 10A USUAL OCCUPATION (Give kind of work done during avoet of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY MARYLAND D.S.A. 20 Wears 13. FATINERS NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no prenknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no prunknown) SECURITY NO. 944 NORTH HILL MRS. DOTERER INTERVAL BETWEEN 18. CAUSE OF DEATH 420,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from 7-25 1952, to 7-27, 1952, that I last saw the deceased alive on 7-27 1952, and that death occurred at 12:38 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 24C. NAME OF CEMETERY

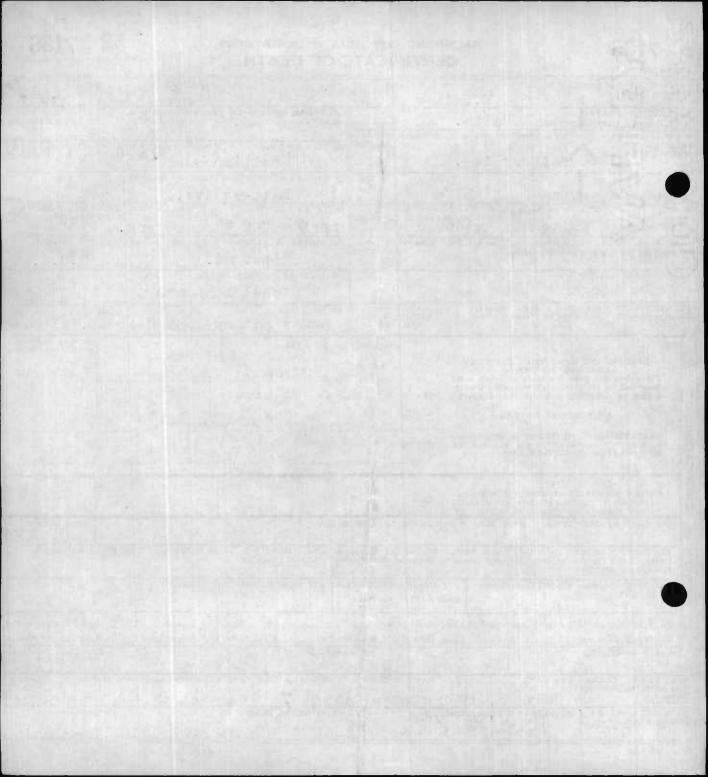
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7136

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
1. (T	NAME OF D		E.Ba	ailey		2. DATE OF DEATH J	uly 26.1952
A.	Baltimore (City, Maryland	Balto		4. USUAL RESIDENCE (V	Where deceased lived, B. COUNTY	If institution: residence before admission
HO	SPITAL OR	1200 Batter		ion, give street address or location)	c. CITY OR TOWN (II) Baltimo		s, write RURAL and give
		tay in Baltimore		Yrs. Mos. Days	b. street address (If 1200 Battery		
F	'emale	6.COLOR OR RACE	WIDQW W1C	E. MARRIED. (ED. DIVORCED (Specify) LOWED	11-9-/883	68 yrs	
10 werl	A. USUAL OC dozeduring most house	CUPATION (Give kind of of working life, even if retired) WII (108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Balto. Md	1.	12. CITIZEN OF WHAT COUNTRY U.S.A.
	James 1	Morgan			14. MOTHER'S MAIDEN N Rachel Sc		
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date NONO	FORCES? s of service)	16. SOCIAL SECURITY NO. NONE	Thomas Bailey		ADDRESS t St.Balto.3
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							DISSET AND DEATH
CERTII	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D			
AL	19A. DATE (of OPERATION	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
1EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office hidg., o		If in Baltimore City	, give exact location)
M	D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
		y eertify that I at		acceased from	13 2 , to	/	Athat I last saw th
	deceased a		-, 19	and that death occur	38. ADDRESS.	am A	23c. DATE SIGNED
L	urial (Surial)	CREMA: 24B. DATE Specify) July		24c. NAME OF CEMETE 52 Cedan H	4 973	ocation (City, tow	n, or county) (State) 12 Y Balto Md ADDRESS
	ATE RECEIVE				25. FUNERAL DIRECTOR		ADDRESS S.CharlesSt.



AUNGBAR BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) foung far OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland/ A. STATE COUNTY Lank B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If Sutside corporate limit, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. hesasinke gth of stay in Baltimore 1510 Davs 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify)

work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO.

14. MOTHER'S MAIDEN NAME

BIRTHPLACE (State or foreign country)

(MRMowa)

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

10A. USUAL OCCUPATION (Givekind of

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

CAUSE OF DEATH

DUE TO

108. KIND OF BUSINESS OR

DUE TO

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF

19A. DATE OF OPERATION

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE

WORK

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

22. I hereby certify that I attended the deceased from_ . 19 5 % and that death occurred at_ deceased alive on_

23A. SIGNATURE

1957 to

2/, 19 Sthat I last saw the an. from the causes and on the date stated above. 23B. ADDRESS

nece 24B. DANE BURIAL. CREMA-24C. NAME OF

23C DATE SIGNED

(Specify)

21A. ACCIDENT, SUICIDE.

HOMICIDE

(City, town, or county ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

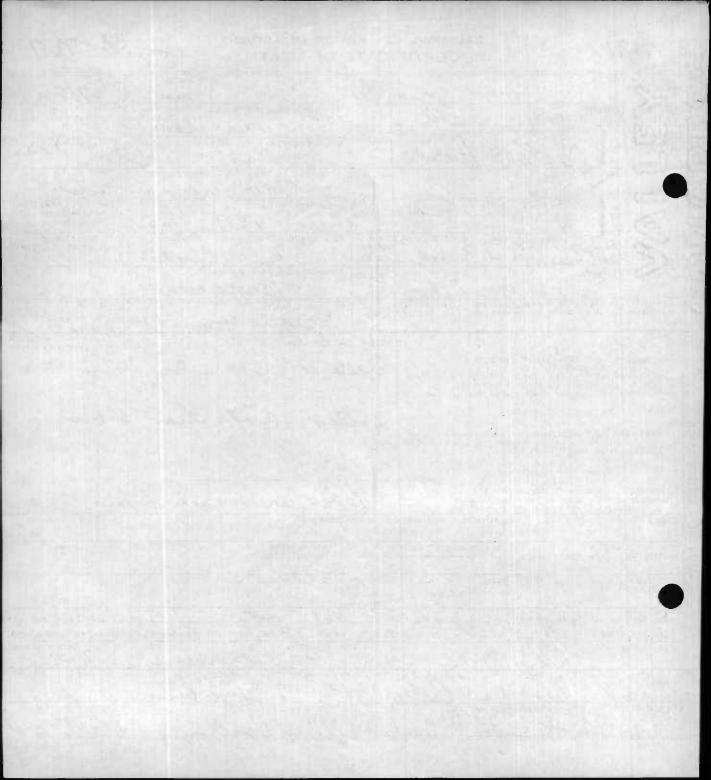
RTIFICATION

before admission)

12. CITIZEN OF

WHAT COUNTRY?

20. AUTOPSY YES



Registered No 7138 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH July 25, G. KLEMM 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland (If outside corporate limits write RURAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION township) St. Agnes Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stav in Baltimore Collins Davs Avenue 9. AGE (In years It Under I Year Il Under 24 Hours Inches Days Hours Min. 6. COLOR OR RACE 8 DATE OF BIRTH MARRIED DOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Give kind of work dane wring most of warking life, even if etired) KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S MAME 14. MOTHER'S MAIDEN NA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown | (If yes, give war or dates of service) 16. SOCIAL NFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) CAUSE OF DEATH 18. 422.1 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Arteriosclerotic Cardiovascular Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION ND 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in nr 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗷, accident 🗌, suicide 🗍, homicide 🗍, undetermined 🗍. 23B, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR NAME OF CEMETERY ZAA. BURIAL, CREMA-24D LOCATION (City, town, or county 24B. DATE DATE RECEIVED BY 151

Lee mary and Migues Wellinger Just - 15 Salverson Albert diena Hotor Huran 1/22/2/10 Pare Timone in the Steel Beer State and Vineter Such State and Such

	460							
52	52 7139 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2 7139 CERTIFICATE OF DEATH							
1.	NAME OF DECEASED - 17pe or Print) WILLIAM CHARM MILLER 2. DATE OF DEATH VU	111 2.8.1962						
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	If institution: residence before admission)						
H	OSPITAL OR NSTITUTION C. CITY OR TOWN (If outside corporate limit (Westman tex	its, write RURAL and give township						
	ngth of stay in Baltimore 19 days Mos. Days 1/2 East Trees.	D. STREET ADDRESS (If rural, give location) 1/2 East Trem 5+.						
	Maried March 10, 1881 66							
worl	Salem an Survey Type 10B. KIND OF BUSINESS OR INDUSTRY LINDUSTRY LINDUSTRY LINDUSTRY LINDUSTRY LINDUSTRY LINDUSTRY LINDUSTRY LINDUSTRY LINDUSTRY	12. CITIZEN OF WHAT COUNTRY						
	13. FATHER'S NAME 1. 14. MOTHER'S MAIDEN NAME Carrie mathering							
(Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2/3-16-1950 Mm m. 1-Miller (Lindburgette Maller)							
	OBSEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, ct. It means the disease, injury or complication which caused death.) CAUSE OF DEATH DWyscar dual Infarction (A) DWyscar dual Infarction DUE TO	INTERVAL BETWEEN ONSET AND DEATH						
ICATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
SAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or in part of the property of the part of the	give exact location)						
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from July 9, 1952 to July 28, 195	5,4hat I last saw the						

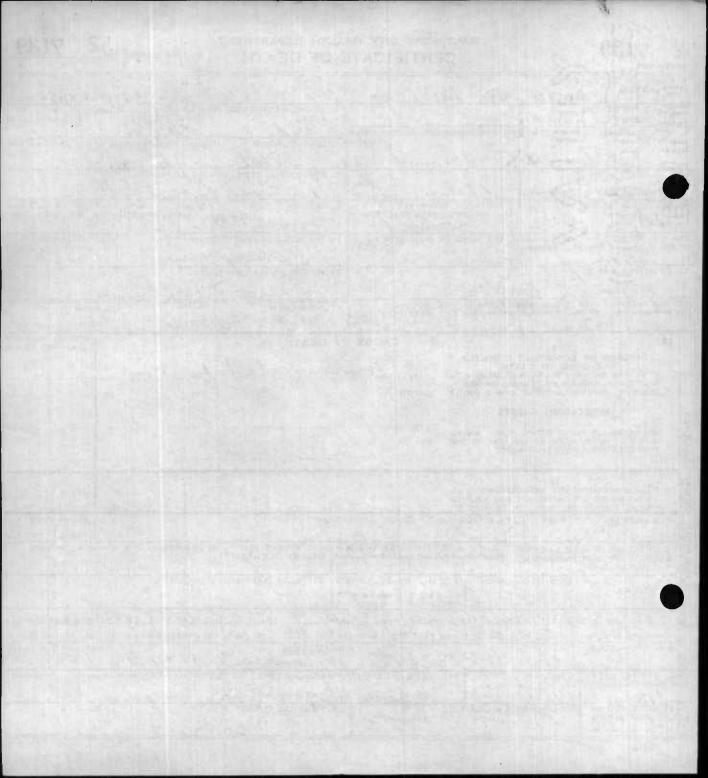
acceased alive on. 23A. SIGNATURE 23B. ADDRESS

July 2 8, 19 3 and that death occurred at 11 m., from the causes and on the date stated above. 7/19/52 charo

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE (State)

DATE RECEIVED BY LOCAL REGISTRAN REGISTRAR S SIGNATURE VILLAUS, M NERAL DIRECTOR ADDRESS

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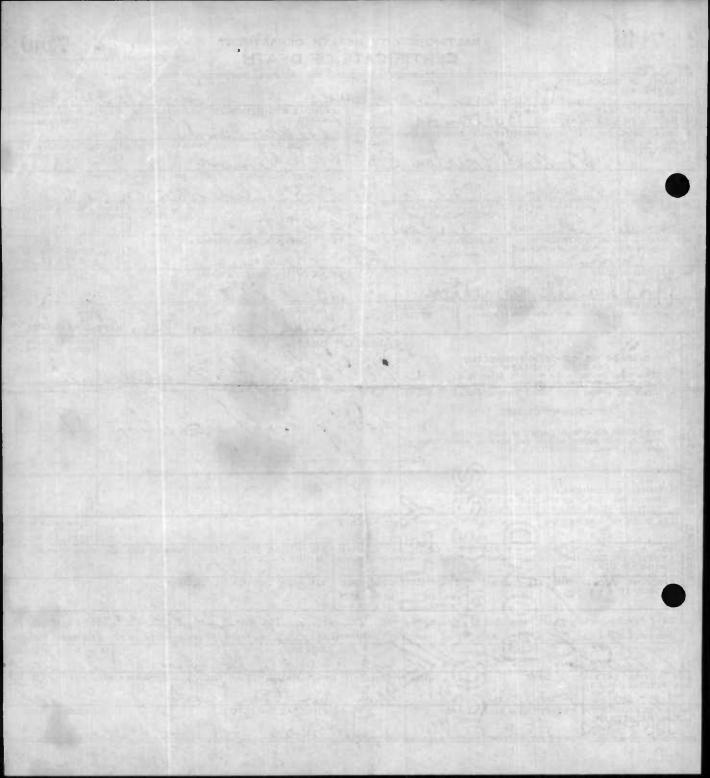


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7140

Bi	RIH NO.				
	NAME OF DECEASED Magai	e Com E	940	2. DATE OF DEATH	7-24-52
Α.	PLACE OF DEATH: Baltimore City, Maryland Balt FULL NAME OF (If not in hospital or inst	itution, give street address o	4. USUAL RESIDENCE (W)		
H	DSPITAL OR STITUTION	location		outside corporate li	imits, write RURAL and give
D	1/3/ Weh 7)	Welon Or Yrs.	D. STREET ADDRESS (If p	Aral, give location	15-06
5	ength of stay in Baltimore SEX 6.COLOR OR RACE 7. SIN	GLE, MARRIED.	1737 ash	S. AGE (In years	M Under 1 Year If Under 24 Hours
8		DOWED, DIVORCED (Specify			Months Days Hours Min.
	done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
73	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	14.3.4.
1.5	WAS DECEASED EVER IN U. S. ARMED FORCE	S? I 16. SOCIAL	Heneretta		
(Ye	s, no or unknown) (If yes, give war or dates of service	SECURITY NO.	Laure Facks	on 1737	ash burton SK
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e. g., (A)	OF DEATH	J. Tille	INTERVAL BETWEEN ONSET AND DEATH
	injury or complication which caused d	eath.) DUE TO	n //	1	
CATION	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		Phylosoph J	for finding	surf
CERTIFICATIO	II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	ATED			
AL	19a. DATE OF OPERATION 19B. MA.	OR FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL		PLACE OF INJURY (e. g., ome, farm, factory, street, office bldg.		in Baltimore Cit	ty, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURE WHILE AT NOT WHILE AT WORK		OCCUR?	
	22. I hereby certify that I attended		- 3 , 195 40 /	-14,1	95, that I last saw the
	deceased alive on 194, 195	and that death occu	rred at m., from th	e causes and or	n the date stated above. 233 DATE SIGNED
2	AA, BURIAL, CREMA- DY REMOVAL (Specify)	M. D.	ER OR CREMATORY 24D, LO	CATION (City, to	own, or county) (State)
1	Ourual 1-29-52	mx auc	run OEm a	Balto	address and
L	THE RECEIVED BY REGISTRAR'S SIGN OF THE PROPERTY OF THE PROPER	ATURE Williams M	25. FUNERAL DIRECTOR	600	ser)
	VS 150		5727	Carr	oleton ave



1. NAME OF DECEASED (Type or Print)

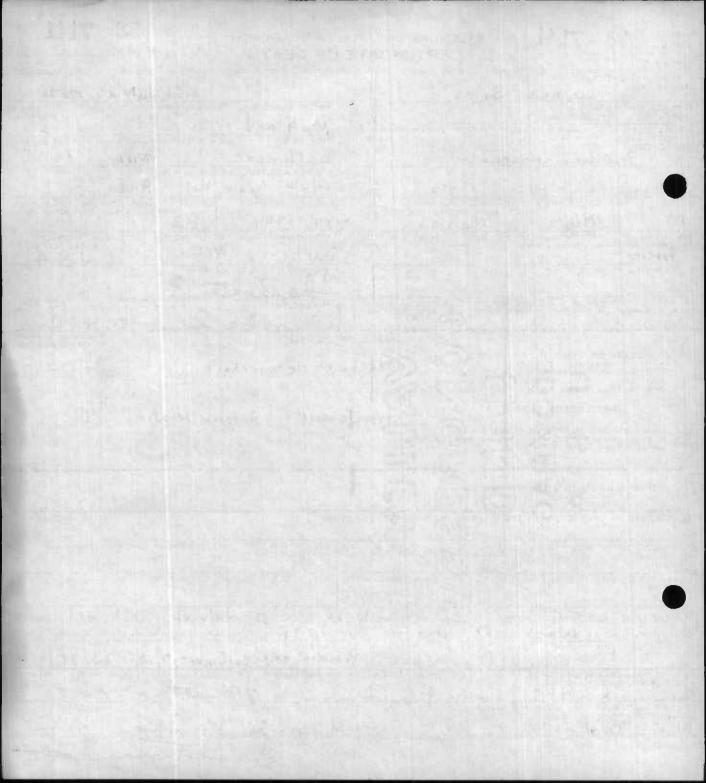
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

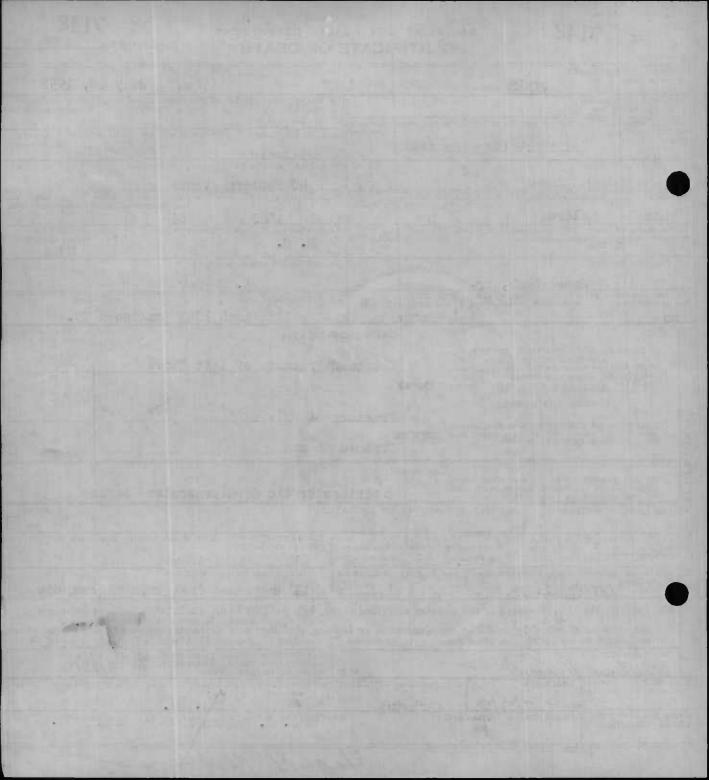
Registered No.

2. DATE OF

(7	'ype or Print)	James	Sim	5			OF	July =	16. 1952
Α.		EATH: Sity, Maryland		A. STATE			d lived. If ir	stitution : residence before admission)	
H	FULL NAME	OF (If not in hospit	ion, give street address or location)	c. CITY OR TO	NN (If	outside corne	rate limits	write RURAL and give	
Provident Hospital					50 it	nore	outside corpe	11:	township
9		DVIGERT TIO		Yrs.	D. STREET AD		rural, give lo	cation)	
c.	gth of st	tay in Baltimore	12	. Yrs Mos.	1402	Druid	411)	Aue	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BI	RTH	9. AGE (In		nder I Year If Under 24 Hours ths: Days Hours Min.
	IN	Negro	Mo	urried	14/11/14	09	43		
wor	Presser	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Durha?	A	l. C	9) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	AME 9		coophing (2)	14. MOTHER'S	MAIDEN N	AME		034
		_ !		LANGE OF THE	Cha	Pott	7		
15 (Ye	, no or unknown)	D EVER IN U. S. ARMED (If yos, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	Τ' Λ	0 .	ADI	DRESS 1402
_	18. 3	3		CAUSE	OF DEATH	nda	Adam	A D	INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	CAUSE	DEATH				ONSET AND DEATH
	(This does	LEADING TO DEAT	H f dying, e.g	Cerc	ral Hen	norrhag	se		24 tus
	heart failui	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUCES								
NO	11.5			(B) Hyper	Tension .	Arter	usc/ero	515	103510
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
CA	UNDERLYING CONDITION LAST. (C)								
F									
ERT	OTHER SIGNIFICANT CONDITIONS CON-								
Ö	TO THE DISEASE ON CONDITION CAUSING IT.								
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION								20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, giv								100
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
~	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?								
	m. WHILE AT NOT WHILE AT WORK								
	22. I hereby certify that I attended the deceased from July 26, 1952, to July vb, 1952, that I last saw the								
	deceased alive on duly vb., 1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.								
	23A. SIGNATURE 23B. ADDRESS Provident Hosp. Baltmores, Md. July 28, 1952								
							r couhit) (State)		
h	DIN, REMOVAL (4)	1. 7131	152	not and	10000	17 PH	alte	, . ~	nd
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS								ADDRESS	
J	JUL 29 1957 Hatinton Williams MD Beo. B. Kelson 13 03								
1	VS 150		0	Total and I for		2	1		0.4
	6904G Bresslman It								
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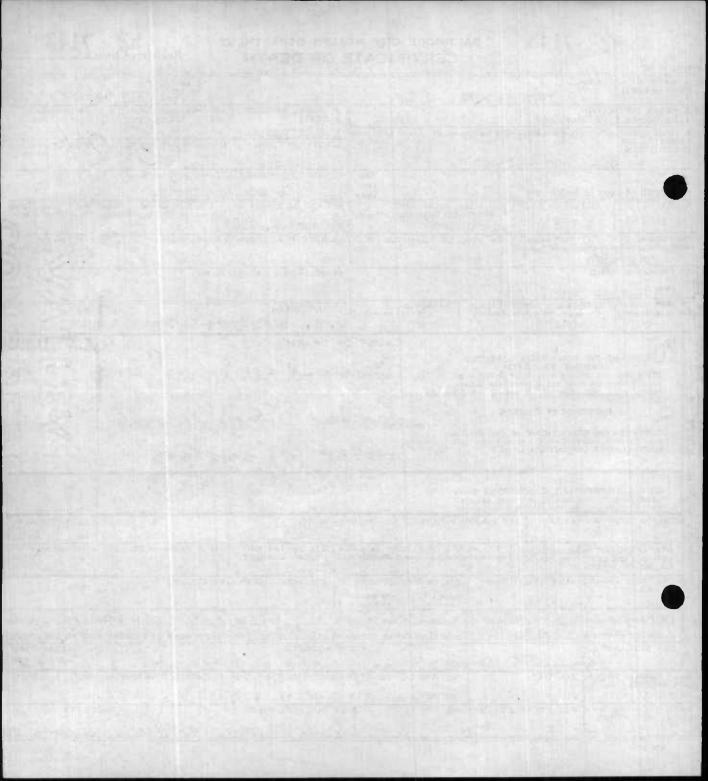
	52	7142			EALTH DEPARTMEN		61144		
В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.		
1. NAME OF DECEASED						2. DATE			
(1	'ype or Print)	JAMES		L	AMB		y 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE	(Where dcceased lived, I	If institution: residence before admission		
В.			al or institut:	on, give street address or location)					
	STITUTION	Baltimore	City Ho		c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and giv		
-		200-00-00		Yrs.	Baltimore D. STREET ADDRESS	(If rural, give location)	12		
	ength of s	stay in Baltimore		Mos. Days	4940 Fastern				
	SEX	6. COLOR OR RACE		. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours Ionths: Days Hours: Min.		
_	Male	COLORED CCUPATION (Give kind of	100 KIND	D	1885	66			
worl	done during most	of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State No Co	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	UBA		
		James Hemb	. Sr.		Α.	Taylor			
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	no			none	Ellis Lan	ib 1502 Smallwe	ood St.		
	18.	102.71		CAUSE	OF DEATH		INTERVAL BETWEEN		
ı	DISEA	SEASE OR CONDITION DIRECTLY							
	(This doe	LEADING TO DEA's not mean the mode of	of dying, e. g	., (A) Compour	nd Fracture of	Left Tibia	**********		
	injury or	ure, asthenia, etc. It mea complication which c	aused death	.))(D(C)(C)(C)(C)					
		ANTECEDENT CAUSES							
z	DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Fracture of Pelvis							
Ö	RISE TO 1	THE ABOVE CAUSE (A)	STATING TH						
A	ONDERL	(C) Crushed Chest							
F		ED SIGNIFICANT CONDITIONS CON							
ERTIFICATION	TRIBUTING	GIGNIFICANT CONDIG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D Antoni	osclerotic Card	liovascular Dis	sease		
Ö				FINDINGS OF OPERA			20. AUTOPSY?		
AL		- W	l oin Di A	CE OF INJURY (!-	21c WHERE DIR	/Id in Dolding Oil	YES X NO		
DICAL	UNDERLYIN	A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location)							
ME		(Month) (Day) (Year)		City Hospital					
	OF INJURY	ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	22. I conti	1/21/52 II: 59F.: m. WORK ATWORK FEIT OF Jumped IFOM 3rd Story WINDOW							
	22. I certify that I took charge of the remains described above, held an partial autopsy thereon and fro								
	and de	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, undetermined ☒.							
	234. SYGNA	TURE //	W/-		238. CHIEF MEDICA ASSISTANT MEDICA	AL EXAMINER 2	3c. DATE SIGNED		
24	A BURIAL C	CREMA- 248/DATE	WX 12	M. 4c. NAME of CEMETER	D. MEDICAL INVESTIG	GATOR []	7/28/52 a, or county) (State)		
TIC	A. BURIAL. (S		,		0713	740 153	, or county) (State)		
	TE RECEIVE	D BY REGISTRAR'S		Arbutus:	25. FUNERAL DIRECTO	Son 1303 Press	ADDRESS		
LI	CAL REGIST	MAR I	11/11.	15 500	Gen e Ger	2001 T000 1100			
V	5 151	Huntington	- With	www., My	1. 01 0	1/2	*		
	/	V-809.02		H	10.19.14	Jesen_			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

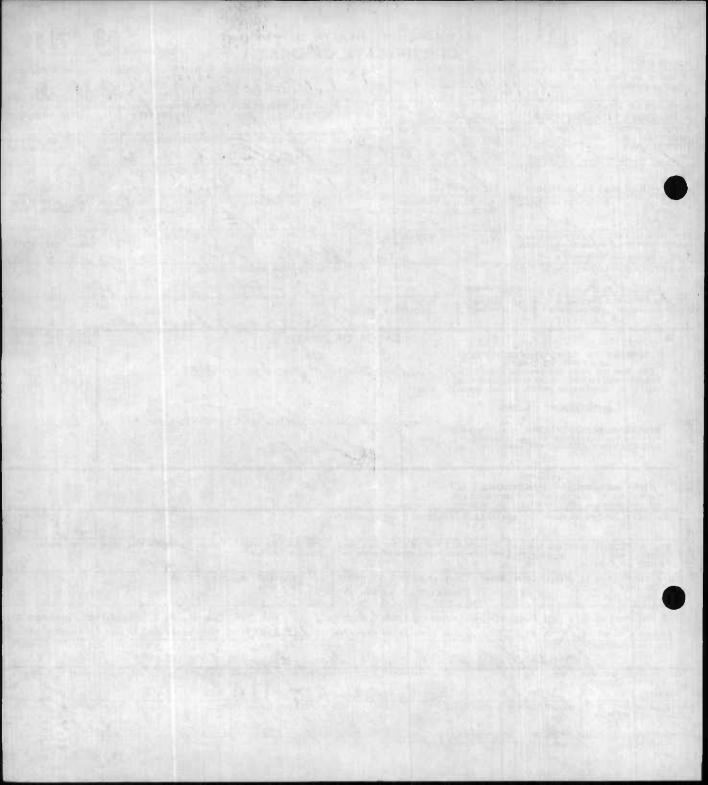
52 7143
Registered No. 7143

BIRTH NO.								
1. NAME OF DEC (Type or Print)	eased THERE	SA LEW	Y MYERS			2. DATE OF DEATH JULY	29 1952	
3. PLACE OF DEA	TH:	DA TIEW	T MIDIO	4. USUAL RESID	ENCE (Wh	ere deceased lived, I	f institution: residence before admission)	
B. FULL NAME OF		al or instituti	on, give strect address or	Marylan	d	1		
HOSPITAL OR			location)	C. CITY OR TOWN	(If o	utside conporate limi		
Es	planade Apa	rtments		Baltimo	re	10	township)	
			Yrs.	D. STREET ADDR		ral, give location)		
a ngth of stay	in Baltimore		Mos. Days	Esplana	de Apa	rtments		
5. SEX 6.	COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)					
F	White		owed (Specify)	Pebruary 1,	1869	83	onths Days Hours Min.	
10A. USUAL OCCU	PATION (Givekindof	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE		eign country)	12. CITIZEN OF	
ork done during most of wo		Hom	INDUSTRY	New York Ci	+		WHAT COUNTRY	
Housewi.		110111	6	New York City U.S.A.				
						vi E.		
Sampso				Mati	rda:			
Yes, no or unknown)	(If yes, give wer or date	of service)	16, SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
No	None		None	Mr. L. Carol	. Myers	-Esplanade	Apartments	
(This does no heart failure, injury or cor	OR CONDITION EADING TO DEAT to mean the mode of asthenia, etc. It mea mplication which of ITECEDENT CAUS R CONDITIONS, II ABOVE CAUSE (A) G CONDITION LA	FH dying, e.g. ns the disease auscd death. ESS FANY, GIVING STATING THE	DUE TO COPE	bol an	enio	School	2-3 ys 2 weeks	
OTHER SIGN	NOT RELATED							
19A. DATE OF	FINDINGS OF OPER	ATION			20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTI							give exact location)	
21D. TIME (Mo	nth) (Day) (Year)		HILE AT NOT WHILE	ED 21f. HOW DID	YRULNI	OCCUR?		
22. I hereby c	ertify that I att	ended the	deceased from Tes	Res 1 195	1 to Je	£ 29.19	that I last saw the	
22. I hereby certify that I attended the deceased from July 1951, to deceased alive on July 28, 1952, and that death occurred at 1.0 Am., fr						causes and on t	he date stated above.	
	23A. SIGNATURE 23				0		23c. DATE SIGNED	
	Emis	· lu	ager M. D.	The n	pla	cease	7/29/52	
24A. BURIAL, CRE	MA- 248 DATE		4C. NAME OF CEMETE			CATION (City, town	, or county) (State)	
TION, REMOVAL (Spec Cremation	July 29,	1952	Greenmount Cr	ematorv -	Balt	imore, Mary	land	
DATE RECEIVED F	Y REGISTRAR			25, FUNERAL DIR		0	ADDRESS	
LOCAL REGISTRA	R	141		St. Onil	-00 m	men		
- 29 1957	That	~ Wille	aus MP	my such	WYS	ens / Julia	A LEWING CITY	
VS 150							#17	
N - 9	1 8 / X						//	



CERTIFICATE OF DEATH Registered No. 7144 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	E OF DEATH						
1. NAME OF DECEASED (Type or Print) GILDEA, MA	. Williams P. St. OF July 28, 195-2						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION HOSPITAL OR HOSPITAL OR JOHN HOSPITAL OR LOCATION APPLICATION HOSPITAL OR LOCATION LOCATION HOSPITAL OR LOCATION LOCAT							
dength of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years / Il Under I Year Il Under 24 Hours Min.						
10A. USUAL OCCUPATION (Give kind of orking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME Gilden , DAVID	14. MOTHER'S MAIDEN NAME Meeles, Magaet.						
15. MAS DECEASED EVER IN U. S. ARMED FORCES? Yes, so or unknown) (If yes, give war or dates of service) SECURITY NO.	for, 5401 Purlimeton way						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) (A) (A) (DUE TO	of DEATH who freumonia la lay						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	elied eterocleurs.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or layer of line) LYING OR CONTRIBUTING INJURY OCCUR? (If in Baltimore City, give example of line)							
21D. TIME (Month) (Vay) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from Jely 2, 1952, to Jely 28, 1952, that I last saw th deceased alive on 27, 1952, and that death occurred at 1.0 5 m. from the causes and on the date stated above							
Calmana h. Mpn M.D.	Church Home + Hosp. July 4, 1928						
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 7.30.52 LOUDAN F. P.	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Vin O. Tukner Sons Ine Ballo red						
The tractor VVIII Alles MV							



UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24B. DATE

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT

Lucus 1.12 19 Toto 1932, that I last saw the 22. I hereby certify that I attended the deceased from. 195 and that death occurred at 196 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 230 DATE SIGNED

24A. BUNIAL CREMA-TION, REMOVAL (Specify)

BURIAL DATE RECEIVED BY

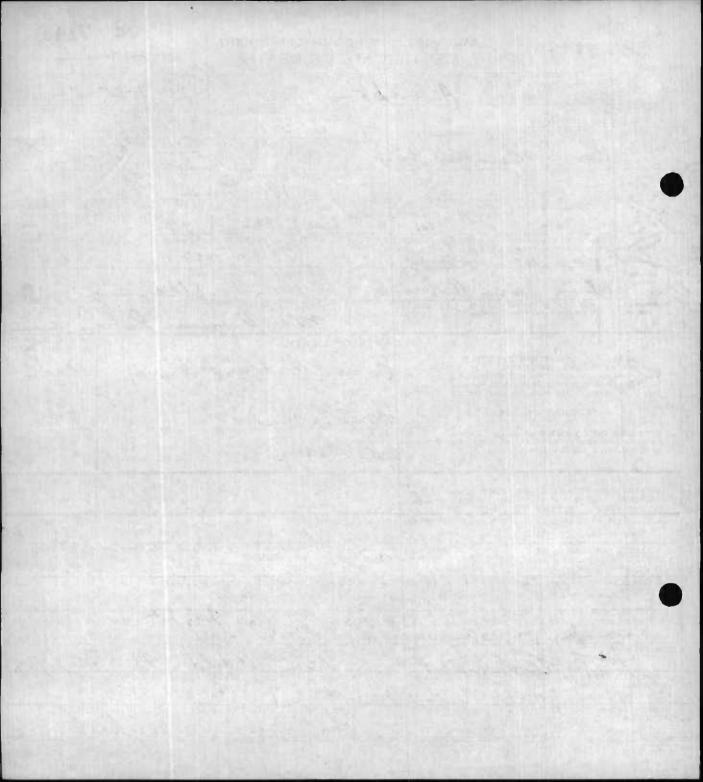
REGISTRAR'S SIGNATURE

WOOD LAWN GEM. 25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

VS 150

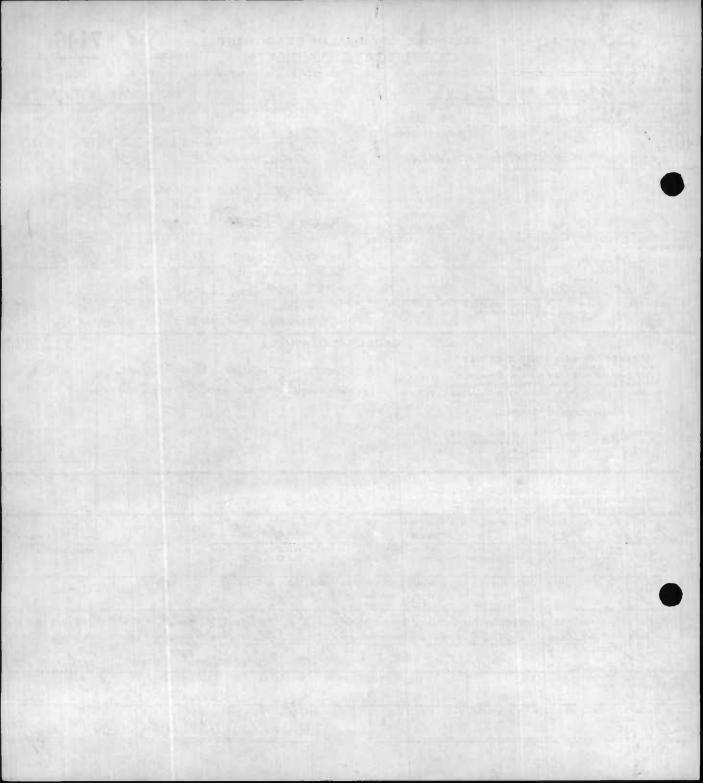


2 2 7146

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7146 Registered No.

BI	RTH NO.				~			
	NAME OF D ype or Print)	MARYA. MS	Isa	ac		2. DATE OF DEATH	Y 28,	1952
B.	FULL NAME OSPITAL OR	City, Maryland		ion, give street address or location)	4. USUAL RESIDENCE A. STATE MARYLA C. CITY OR TOWN BALTIMO	B. COUNTY	befo	residence re admission) tal. and give township)
c.		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1) 2808 Loui	If rural, give location)		/
	SEX	6. COLOR OR RACE	/	E, MARRIED, VED, DIVORCED (Specify) MARRIED	JUN. 2.6,187 mg	9. AGE (In years last birthday) M	H Bader 1 Year onths Days	II Under 24 Hours Hours Min.
ork	A. USUAL OC done during most HOUSE	CUPATION (Give kind of if working life, even if retired) WIFE	IOB. KIND	OF BUSINESS OR INDUSTRY	MARYLAND		12. CITIZI WHAT	EN OF COUNTRY?
	JOHN		FORCES	Las segue	HESTER GE	2		
Yes	to or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	OF DEATH		NON ME	M. HOST
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication with the complication of the complication of the death, but the complication of the death, but the complication of the death, but the complication of t	of dying, e.g. ms the discassaused death GES FANY, GIVIN STATING THEST. TIONS CON NOT RELATE	(B)	ma fean	as of Muc	200	(8 mon .
1	19A. DATE O	FOPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION Nuck		Г	UTOPSY?
VIED C	21A ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	give exact I	ocation)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK								
	deceased al	ive on July 28		deceased from Just and that death occur	red at 7:15 Pm., froll	the causes and on t	he date st	ated above.
24	23A. SIGNA A. BURIAL, CON, REMOVAL (S	nac W.	Sett	M. D.	RY OR CREMATORY 24D.	ual Hosp.	Gul	E SIGNED 28 / 902 (State)
	BURIAL	7.3/.5				KESUILLE MO	00	
5	CAL REGIST	RAR REGISTRAR	s signatu	Maria, M.P.	Hm. I Tuknin	: Sons Inc	Ballo	nd



L	ERTIFICATE	70 1 / 100	
(7	NAME OF DECEASED Type or Print) ANNA PLACE OF DEATH:	2. DATE OF DEATH 28 Vol	-Y, 1952
А. В. Н	Baltimore City, Maryland 333 / WASH/NGTON 37. A FULL NAME OF of not in hospital or institution, give street address or	STATE B. COUNTY CITY OR TOWN (If outside corporate limits, w	before admission
	ength of stay in Baltimore COYRS Mos. Days	BALTIMORE DESCRIPTION OF STREET ADDRESS (If rural, give location) 535 N WASHINGTON	
10	EMALE WHITE WIDOWED TO OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11	INE 25 1887 last birthday) Month	n i Year If Under 24 Hours S Days Hours Min.
wor	HOUSE WORK 3. FATHER'S NAME AT HOME	GER MANY 4. MOTHER'S MAIDEN NAME	WHAT COUNTRY
15 (Ye	MICHAEU TRUNK. 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NONE.	ACNIS TRUMBADER. 7. INFORMANT ADDR 1. CHAEL M. KING 224N C	1
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES		INTERVAL BETWEEN
SATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATI		20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?	
	22. I certify that I took charge of the remains described about the evidence obtained by said Autonsy, Inspection or Inquand death in my opinion resulted from: natural causes	Autopsy, Inspection of Inquiry nipy, find that said deceased died on the d	hereon and from lay stated above ttermined .

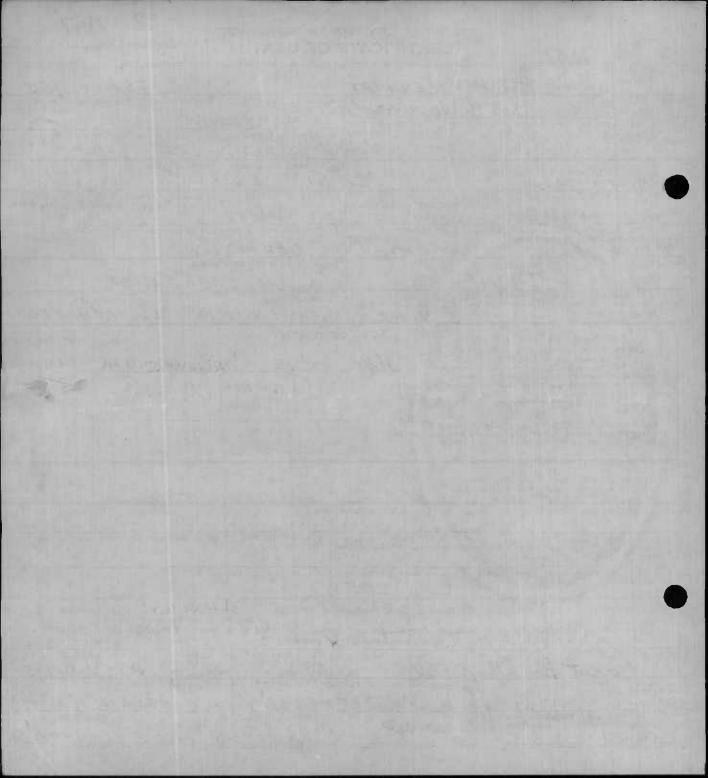
DATE RECEIVED BY TREALSTRANGS SIGNATURE
LOCAL REGISTRANG SIGNATURE
LOCAL REGISTRANG WILLIAMS, M.J.

24D. LOCATION (City, town, or country)

24D. LOCATION (City, town, or country) 24A. BURIAL, CREMA-

23A. SIGNATURE

23c. DATE SIGNED



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		CERTIFICA	TE OF DEATH	Registered M	vo/148
1. NAME OF DECEA (Type or Print)	WILLIAN	4 RAMIA		2. DATE OF DEATH 7/2	8/52
3. PLACE OF DEATH A. Baltimore City,	Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION BO		institution, give street address locates S HOSPITAL	BALTIMOA	If outside corporate limit	s, write RURAL and give township)
angth of stay i		77 4	D. STREET ADDRESS (1)		
M	W	SINGLE, MARRIED, WIDOWED, DIVORCED (Sp. MARRIED	8. DATE OF BIRTH 3/19/75		f Under 1 Year If Under 24 Hours on the Days Hours Min.
ork done during most of work	ing life, even if retired)	B. KIND OF BUSINESS OF INDUS			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	. 0	IA .	14. MOTHER'S MAIDEN		
15. WAS DECEASED EV Yes, oo or unkoowo) (If UNKNOWA)	ER IN U. S. ARMED FO yes, give war or dates of s	RCES? 16. SOCIAL SECURITY N	O. 17. INFORMANT SELF	A	DDRESS
(This does not heart failure, as injury or comp ANTI DISEASES OR RISE TO THE AB	R CONDITION DIR DING TO DEATH mean the mode of dy thenia, etc. It means ti lication which cause ECEDENT CAUSES CONDITIONS, IF AN BOVE CAUSE (A) STA CONDITION LAST.	ring, e.g., (A) GENE the disease, di death.) DUE TO	e of death Rained Périto. Forated Gall		INTERVAL BETWEEN ONSET AND DEATH 16 DAYS 17 DAYS
TRIBUTING TO	II FICANT CONDITIO THE DEATH, BUT NOT E OR CONDITION CA	RELATED PATERIL	SCLEROTIC HEA	AT DISEAS	E
19A. DATE OF OP	4 1 4	MAJOR FINDINGS OF O	PERATION BRENOUS GALL BE	LADDER	20. AUTOPSY?
21A. ACCIDENT LYING OR COI CAUSE OF DEAT 21D. TIME (Mont)	WAS UNDER- 2 NTRIBUTING ab	1B. PLACE OF INJURY (e. out home, farm, factory, street, office b	g., in or 21c. WHERE DID INJURY OCCUR? RRED 21f. HOW DID INJURE	(If in Baltimore City, a	give exact location)
22. I hereby cer deceased alive of 23A. SIGNATURE		ed the deceased from			that I last saw the he date stated above.
24A. BURIAL, CREMITION, REMOVAL (Specify Burial		24C. NAME OF CEM		Balto , Md.	or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR 2 9 1952	REGISTRAR'S SI	MIL MA MA	Howard H. Hubb		nondson Ave

Down States as to Help's Park In-AND MUTILEES. CS 2593 PERMITTE PERMITTED 17 Dille A DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART

3	20
50	m/4 40
JAN	1143
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7149

SIKIH NO.					
. NAME OF DECEASED Type or Print)	mari	tha M. T	Ludwig	2. DATE OF DEATH	27-52
B. PLACE OF DEATH: A. Baltimore City, Ma		Balto	4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution: residence before admission)
HOSPITAL OR	f not in hospital or instituti	on, give street address or location)	c. CITY OR TOWN (I	outside corporate limi	M. mite RUE L and give
NSTITUTION	21 1. Kom	and au	Botto-	mel	township)
	wy with the	O A Yrs.	D. STREET ADDRESS (If	rural, give location)	1 -
ngth of stay in E		Mos. Days	8218.7	concest	an
5. SEX 6. COLC	OR OR RACE 7. SINGLE WIDOW	MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under I Year II Under 24 Hours onths: Days Hours Min.
7.	N. 70	redowed	9-9-//	74	
OA. USUAL OCCUPATION ork done during most of working life	ON (Give kind of 10B. KIND fe, even if retired)	OF BUSINESS OR	11. BARTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ouge		14. MOTHER'S MAIDEN N	OZC -	450
Vo	11.0	-6:	200	2 Car	1110
15. WAS DECEASED EVER I	N U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	on we	ugan
(lf yes,	give war or dates of service)	SECURITY NO.	Orto Bis	des-	Dane
18.		CAUSE	OF DEATH	1970	INTERVAL BETWEEN
1 / 14 X	ONDITION DIRECTLY		+ 1 0	13.	ONSET AND DEATH
(This does not mea	NG TO DEATH in the mode of dying, e. g	hete	latio Ca	/ Rran	
heart failure, asthen injury or complica	ia, etc. It means the disease tion which caused death.	DUE TO			
ANTECE	DENT CAUSES	7.7	<u> </u>		
DISEASES OF COL	NDITIONS, IF ANY, GIVIN	(B)	eum Carci	unud	
	E CAUSE (A) STATING TH				
		(C)		***************************************	
	-11				(dis
TRIBUTING TO THE	ANT CONDITIONS CON DEATH, BUT NOT RELATE	D			6
TO THE DISEASE O	ATION LIGH MAJOR	FINDINGS OF OPER	PATION		I 20. AUTOPSY?
E CONTRACTOR OF EN	O ISS. MASON	111011100 01 01 21			YES NO
21A. ACCIDENT WA		CE OF INJURY (e. g., i	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
LYING OR CONTR	KIBUTING []	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21D. TIME (Month)		21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
	m. Y	WORK NOT WHILE		0	
22. I hereby certif	y that I attended the		" ' ' ' ' ' ' ' ' ' ' ' '	/	1, that I last saw the
deceased alive on	rely 26, 19 3 2	ind that death occur		the earlses and on t	the date stated above.
23A. SIGNATURE	of Thus grev		23B. ADDRESS	- Rose	23c. DATE SIGNED
		4c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town	n, or county) (State)
TION, REMOVAL (Specify)	67 12 1 com	L.	/////	WI I I I	
DATE RECEIVED BY	1-31-54	Moare	different	Dalling	ne-That
LOCAL REGISTRAR	REGISTRAR'S SIGNATU	Maare	25 FUNERAL DIRECTOR	salling	ADDRESS
JUL 291952	REGISTRAR'S SIGNATIVE	Villiams ME	25 FUNERAL DIRECTOR	1-403.	S. Wolfe H

D. andrew Krenkoski 2529 66 tenar. 116.24 / Junger 1. 1-25 Deege Me 3.2/ . I for a col line 821 B James od Cin 17.7 The whow it 1.6 11.56 Balloner 11.56 Homeing Yamac Hapkins Many Ellen Cocceyan Ectel Bushops - min Haved front Bud lime the 13136 1 Section L. cl 6, + file 1413 8 110 c/ 1/2

CERTIFICATE CORP	R CTCD 11/20/52	
148-161415 BALTWORE CITY W		1017 770
TO WE TO	E OF DEATH Registered No.	7150
BIRTH NO.	E OF DEATH	Y
1. NAME OF DECEASED (Type or Print) Charles H. Apple	2. DATE. OF DEATH Jul	y 26–1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland	^ / `
HOSPITAL OR Baltimore City Hospitals location 4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate limite, vi	township)
ngth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2022 Portugal St. (Ave.)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIPOWED, DIVORCED (Specify Single)	8. DATE OF BIRTH 9. AGE (in years) If linder	Vear If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even life life, and life life life, and life life, and life life life life life life life life	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Apple (Dec.	Mary Miller (Dec.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give wer or dates of service) SECURITY NO.	Records: 4940 Eastern Ave.	ESS Ls
18. 007 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	erculous Pneumonia, probable.	1 day
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
Z (B)		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
回 TRIBUTING TO THE DEATH, BUT NOT RELATED		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINIS 19b.	RATION	20. AUTOPSY?
O O		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg.,		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
INJURY WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from 7-2	25- , 19 52 to 7-26- , 19 52, th	nat I last saw the
deceased alive on 7-26- , 19 52, and that death occur	rred at 7.25M from the causes and on the d	
	23B. ADDRESS 23	C. DATE SIGNED
A. C. C. M.D.	4940 Eastern Ave., Baltimore, Md.	7-27-1952
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	MC -
LOCAL REGISTRAR Huntington Williams MS	elly + Delin - 4038, 7	Vollet
VS 150	10	

See letter in Document File from H.G.Johnston, M.D., Asst. Supt. - Med cal BCH

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The state of the state of

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14	20
59	77151
BIRTH	NO.

52 7151 BALTIMORE CITY HEALTH DEPARTMENT Registered : CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) July 27, 1952 Mary Frances Wallis DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. A. STATE B. COUNTY before admission) Maryland BALTO. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. 7309 Fait Ave., Zone 24 ngth of stay in Baltimore Days 9. AGE (In years | Munder | Year | H Under 24 Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Femal e Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? Housew fe Baltimore. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary embolism (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) - Post-Operative cholecystectomy RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY Chronic cholecystitis with colelithiasis NO X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from July 26, 1952 to July 27, 1952, that I last saw the deceased alive on July 27, 1952, and that death occurred at 7:09P m., from the causes and on the date stated above. 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE July 27,1952 Caroline St. 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

VS 150

14.00 1.00 7.30 52 (ich Laur Beenie (Luly ful - des duchis.

450 PBIRTH/N6.52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered 52 7152

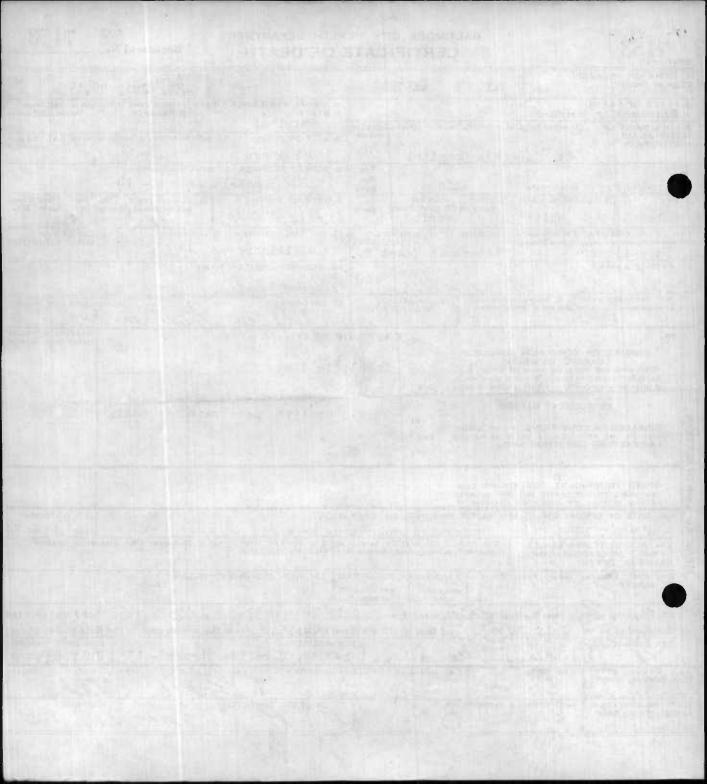
CERTIFICATION OF THE PROPERTY	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) ANNA B. CALLAHA	N 2. DATE OF July 28, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address location institution) 4002 Parkwood Avenue	or Maryland c. CITY OR TOWN (If outside corp) rate it hits, write RYRAL and give township)
Pength of stay in Baltimore Yrs Mos Day	1000 Desilence 3 A
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Special Widowed Widowed)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) at name	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME Francis Shaeffer	14. MOTHER'S MAIDEN NAME Laura Dixon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT ADDRESS Mr. Ernest F. Callahan, 4002 Parkwood
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Enimely of Arbiochine royses
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS	ERATION 20. AUTOPSY? YES ND
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, (erm, factory, street, office bldg	, in or 21C. WHERE DID (If in Baltimore City, give exact location) s.,eto.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from the deceased alive on 193, and that death occ 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMENTION. REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 100 ATTENDATION REGISTRAR 110 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 111 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 111 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 212 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 111 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 112 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 113 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 114 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 115 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 115 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 115 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 116 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 117 ATTENDATION REMOVAL (Specify) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 118 ATTENDATION REMOVAL (SPECIFY) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 118 ATTENDATION REMOVAL (SPECIFY) BUP 121 DATE RECEIVED BY LOCAL REGISTRAR 118 ATTENDATION REMOVAL (SPECIFY) BUP 122 DATE RECEIVED BY LOCAL REGISTRAR 118 ATTENDATION REMOVAL (SPECIFY) BUP 122 DATE RECEIVED BY LOCAL REGISTRAR 118 ATTENDATION REMOVAL (SPECIFY) BUP 124 ATTENDATION REMOVAL (SPECIFY) BUP 125 ATTENDATION REMOVAL	Legy of CREMATORY 24D. LOCATION (City, townfor cunty) (State)
VS 150	

Dr. Lachmann 4950 Belair Road

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r	MATEO
,	11.5.5
	BIRTH NO.
	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

, ,	7153		CE	ERTIFICAT	E OF DEATH	Registered No	7300
1.	NAME OF DE ype or Print)	ECEASED PAUL	WILBUR	WALTERS		2. DATE OF DEATH July 2	29,1952
	PLACE OF DE Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE (W	DEATH	
H	FULL NAME (OF (If not in hospit	al or institution,	give street address o location	.	outside corpor te limits,	write BURAG and give
IN	ISTITUTION	St. Jose	eph's Hosp	oital	Baltimore	41	township
1	ngth of st	ay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRESS (If 2208 Echodale		
5.	Male	6.COLOR OR RACE White			8 DATE OF BIRTH	9. AGE (In years last birthday) Mont	hs Days Hours Min.
		CUPATION (Give kind of f working life, even if retired) tter		BUSINESS OR INDUSTR		oreign country) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	ame	1 2/1	llers"	Margaret	AME ?.	
	. WAS DECEASE a, no or unknown)	D EVER IN U. S. ARMER (If you, give war or date	FORCES? 16	SECURITY NO.	Mis Clara	Halters -	Echodale
CERTIFICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	f dying, e.g., ns the disease, aused death.) ses FANY, GIVING STATING THE	DUE TO	lytic Ileus	ated appendix	
CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	•••••			
				NDINGS OF OPE			20. AUTOPSY?
EDICAL	21A. ACCIDI	4. 1952	218. PLACE			f in Baltimore City, giv	YES NO Execution)
Σ		Month) (Day) (Year)	WHIL			OCCUR?	
	22. I hereby certify that I attended the deceased from July 24, 1952 to July 29, 1952 that I last saw th						
			L, 19 52 and	that death occu	erred at 4:15a.m., from t		date stated above
	23A. SIGNAT	andrew	s ake	м. р.	1400 N. Caroline	Street - 13	July 29 1952
TIC	ON REMOVAL (S	PENA- 24B. DATE	240	NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, town, or	r county) (State)
	ATE RECEIVED		s SIGNATURE	1.	25. FUNERAL DIRECTOR	//	arford A
	VS 150		1 100	value, Mr.	1/1		/



153	1
52	7154

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7154

1. NAME OF DECEASED (Type or Print) DEDMADD OF Table						
(Type or Print)						
BERNARD G. HENTSCHEL	28, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	stitution; residence before (dmission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Location)	44					
INSTITUTION 7777 IND- 1 to Assessment	write RURAL and give township)					
Datothore						
Z. Length of stay in Baltimore Yrs. Mos. Days 3113 White Avenue						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE (In years filing with the substitution of the substituti	nder 1 Year If Under 24 Hours hs: Days Hours: Min.					
male white single May 2, 1920 32						
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country	2. CITIZEN OF WHAT COUNTRY					
work done during most of working life, even if retired) Machine Shop The Bendix Machine Shop The Brithplace (state or foreign country) Baltimore, Maryland	WHAT COUNTRY					
13. FATHER'S NAME MACLINIST RANGE 14. MOTHER'S MAIDEN NAME						
Paul J. Hentschel Christine Rupp						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADD	DRES S					
215-03-8208 Mr. Paul J. Hentschel, 31:	13 White					
18. 468.3	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g., (A) Sum Canded Institute						
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES QILO 1 15 1	1					
7/1/10/02/07/07	15-10					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
UNDERLYING CONDITION LAST.	15-41					
OTHER SIGNIFICANT CONDITIONS CON-						
U TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, giv						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK						
1.11 18 10 18 11	that I last saw the					
deceased alive on 2. My 195 Land that death occurred at 4 D, m., from the causes and on the						
23A/SIGNATURE / 23B. ADDRESS	23c. DATE SIGNED					
The himmer man wo 1858 Harland By	7-29-57					
24a. BURIAL CREMAY 24B DATE 124C NAME OF CEMETERY OR CREMATORY 246 LOCATION (City, town, o)	recounty) (State)					
Burial 7/31/52 Holy Redeemer Cem. 7 Ralpimore, Mary	yland					
I DIAL TO TO TO TO THE TOTAL OF						

1 celanitime 2)

9 Lucilia

\$ 3.7155

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	TIE OF DEATH					
1. NAME OF DECEASED	2. DATE					
(Type or Print) ROSE ELIZABETH	HARTJE DEATH July 29, 1952					
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence					
A. Baltimore City, Maryland	A. STATE Maryland B. COUNTY before plantsion)					
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR						
3010 Northway Drive	Baltimore township)					
M	D. STREET ADDRESS (if rural, give location)					
ength of stay in Baltimore	ays 5010 Northway Drive					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp.	8. DATE OF BIRTH 9. AGE (in years if Under I Year If Under 24 Hours in Months; Days Hours: Min.					
Temale white widowed	Aug. 28.1872 79					
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
work doneduring most of working life, even if retired) at nome	Baltimore, Maryland WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Willian Leyhe						
	Anna Steiner					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N.	17. INFORMANT ADDRESS					
	Mr. Wm. G. Hartje, 3010 Northway Dr.					
18. 2/ CAUS	F OF DEATH					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
LEADING TO DEATH	Cerspal Trombosio 1 year					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CONTRACTORNOSOS 1974					
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	C. F. S.					
Z (B)	Merio Scienzes 10 4540					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.	Guterio Schrisio 10 4540 Srabitio Mellitus 10 4540					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY?					
X	YES NO					
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, at reet, office be cause of Death						
LYING OR CONTRIBUTING about home, farm, factory, atreet, office h	dg.,etc.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?					
INJURY						
m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from 17 9 , 1950 to 7/78 , 1957 that I last saw						
deceased alive on 7/28, 1954, and that death occurred at 1.44m., from the causes and on the date stated a						
23A. SIGNATURED 23B. ADDRESS 23C. DATE SIGNES						
Colubra Llugare M.D.	62 read St 7/29/57					
	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
- 1 0/1/E9 001-70 who						
Burial 8/1/52 Oaklawa Cemeter Baltitore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS						
LOCAL REGISTRAR	OCAL REGISTRAR					
JUL 29 1952 Tunkington Williams, Mr.	Leonard J. Ruck, 5305 Harford Road.					

Dr. Stewart 6 E. Read St.

	200	
	2 7156	
1	BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.	,		CERTII	FICAT	E OF DEATH	Registered N	0
	NAME OF D	FCFASED					2. DATE	
(T	ype or Print)		PEARL	R.	LEES	E.		28, 1952
3.	PLACE OF D	EATH:				4. USUAL RESIDENCE (W		
		City, Maryland				A. STATE Maryland	B. COUNTY	before admission)
	FULL NAME SPITAL OR	OF (If not in hospit	tal or institut	ion, give stree	et address or location)		outside corporate limit	, write RURAL and give
	STITUTION	905 East	37+h	Stroo	+	Baltimor	/ /	township)
	del .	JOU EAST	. 0 7 011	DUTEE	Yrs.	D. STREET ADDRESS (If		
					Mos.		th S treet	
	Length of s	tay in Baltimore	7 CINCLE	E. MARRIED	Days	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours
			WIDOW	ED, DIVOR	CED (Specify)		last birthday) Mo	uths Days Hours Min.
-	male	white		narrie		Aug. 1, 1907	44	
work	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	ce-Pres		Cotto	on Inc	C •	Parkton, Maryl	and	
13	. FATHER'S			61th 19.	RAFREAS	14. MOTHER'S MAIDEN NA	AME	
	Emanue	el E. Rosi	.er			Mary Cummings		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIA		17. INFORMANT	AI	DDRESS
(ro	, no or unknown)	(11 yes, give wat of date	se or service)	212-0	3-8852	Mr. Knight H.	Leese,905	E. 37th
1	18.				CALISE	OF DEATH		INTERVAL BETWEEN
	11	J X I	DIRECTIV		ONCOL	OI DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ADENOCARDINOMA OF OVARY 7 mos						& 7 mos	
	heart failu	the story failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
2	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ĕ	RISE TO T	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
CA	Otto Ette !	THE CONDITION E	1011	(C) .		***************************************	***************************************	***************************************
CERTIFICATION		11						
R		IGNIFICANT COND						
빙		SEASE OR CONDITION CAUSING IT.						
				FINDINGS		RATION		20. AUTOPSY?
Y	Han 1952 advanced carcinoma of ovary, inoperable VES No E						YES NO X	
EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
M	CAUSE OF		(TI)	04- 111110	V OCCUPB	ED 21= HOW DID IN HID	/ OCCUP?	
	INJURY	(Month) (Day) (Year)		21E. INJUR	NOT WHILE		21F. HOW DID INJURY OCCUR?	
			m.	WHILE AT WORK	AT WORK			
	22. I hereb	y certify that, I at	tended the	deceased f	fromSep	t. 18 , 1950 to 3	July 28, 152	, that I last saw the
	22. I hereby certify that I attended the deceased from Sept. 18, 1950, to July 28, 152, that I last saw the deceased alive on 1952, and that death occurred at 6:30 m., from the causes and on the date stated above.							
	23A. SIGNA	TURE	2 -1	165		38. ADDRESS		23c. DATE SIGNED
		F 4/2	wort	4 (00	(M. D.	2431 Maryland	Avenue	7-29-52
TLC	N. REMOVAL (S	inecify)					OCATION (City, town,	
1	Burial	7/31/5	2	Woodl	awnde		timore, Mai	ryland
DA	TE RECEIVE	D BY REGISTRAR	S SIGNATE	JRE	E W	25. RUNERAL DIRECTOR		ADDRESS
,	JUL 29"	952 Turtingto	~ Well	iacus. A	My.	Legnard J. Ruc	k, 5305 Ha:	rford Road.
=	VS 150	0		0-	10	0		
					29	04/9		

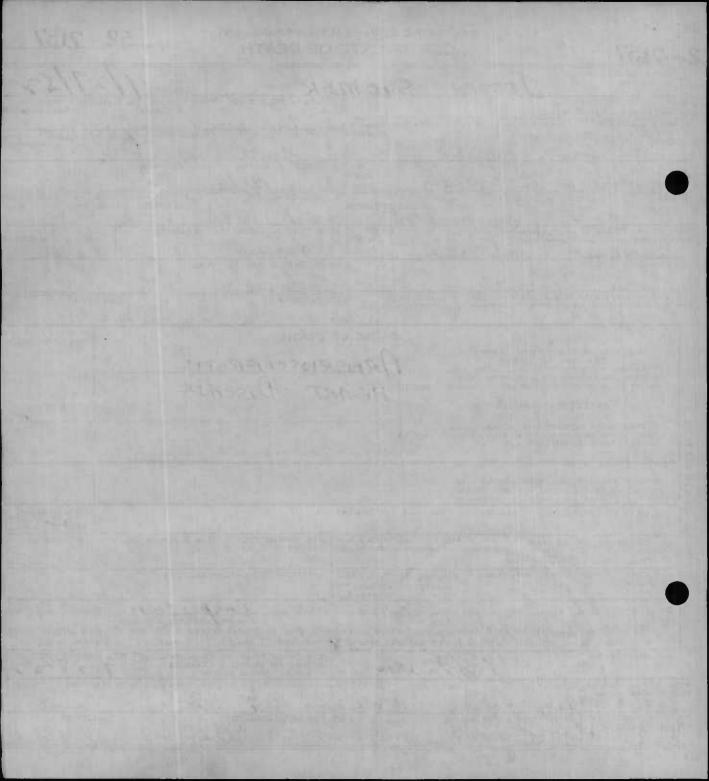
BALTIMORE CITY HEALTH DEPARTMENT Registered Ko CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OSEPH OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) UDAL and give D.O. 4 C. CITY OR TOWN/ (If outside corporate) INSTITUTION township) Yrs. (If rural, give location) ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? merchanis a. s. a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MERIUSCHEROTIC (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY

Burnal Bull 30 /52 Hoby Rabary Clas Battanare Caunty

Date Received by (Registran's Signature 25, Funeral Director Address

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OIL A 2 location) ilf outside corporate li hits, while ItteRAL and give township) (If rural, give location) Yrs. T ADDRESS Mos. c. Length of stay in Baltimore Days 9. AGE (in years If Under I Year It Under 24 Hours last, birthday) Months Days Hours Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Marrie 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? lan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME monau 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA VES 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK WORK Mere 15, 195%, to July 27 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Javy 27, 1952, and that death occurred at 2:45 mm., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY (State) 24D. COCATION (City, town, or county)

25. FUNERAL DIREC

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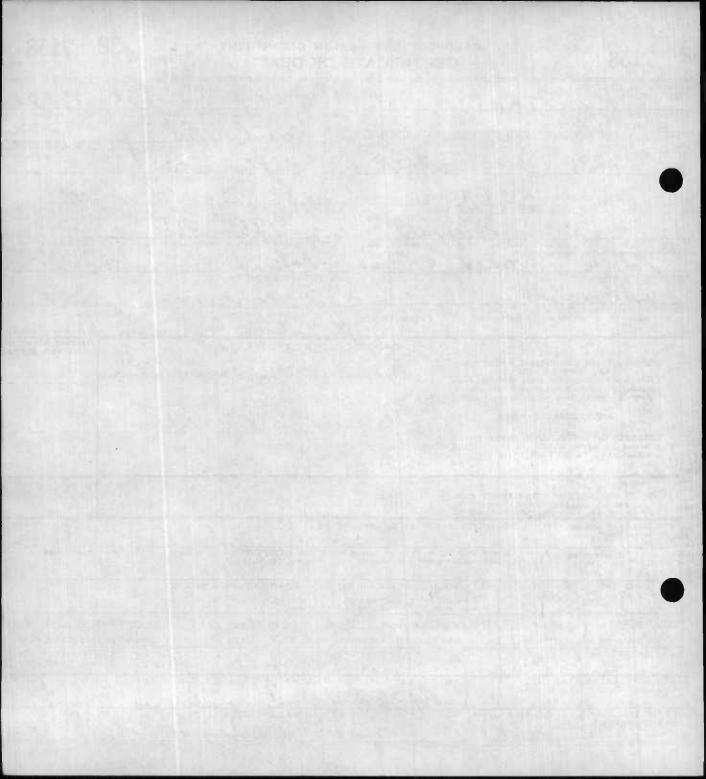
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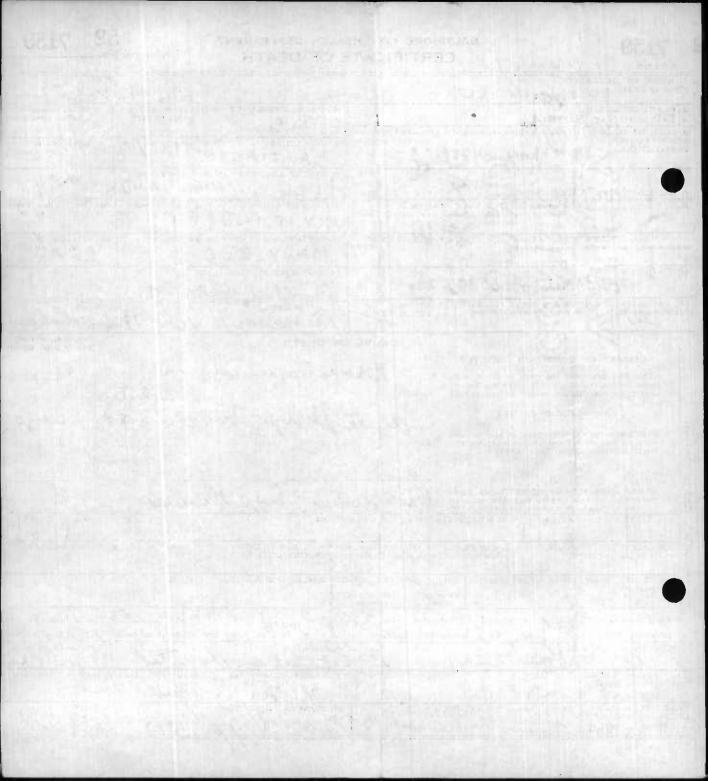
DATE RECEIVED BY

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REGISTRAR'S SIGNATURE



Ш	(1,),)		EALTH DEPARTMENT E OF DEATH	52 Registered No	2 7159
(NAME OF DECEASED Spe or Print) BENJAMIN LE	BOUR.		2. DATE OF DEATH	mg 52
A	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY	before admission)
н	FULL NAME OF (If not in hospital or institution CUTHERAN HOS	location)		outside corporate limits,	write RURAL and give township)
C	Length of stay in Baltimore	le Yrs. Mos. Days		rural, give location)	#24
100000	SEX 6. COLOR OR RACE 7. SINGLE	. MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH		der I Year II Under 24 Hours hs Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for MARYLAN)		2. CITIZEN OF
1:	BENJAMIN H. LEBO	, sh.	14. MOTHER'S MAIDEN N	elora.	
1 (Y	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT J	Lels. 1124	S Healthon
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	DUE TO (B) LISTE	of Death neligneun pharyizaton	lemanditis	onset and death
CER	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	D AUDEMAN	train; luggette	lenua	1 day
AL	19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY?
EDIC		CE OF INJURY (e. g., in rm, factory, street, office bidg., e		f in Baltimore City, giv	
Σ	INJURY	TIE. INJURY OCCURRI		OCCUR?	
	22. I hereby certify that I attended the	_	Jul 1952 to 2	7 Jul, 19 2	that I last saw the
	deceased alive on 27, 1957	and that death occur	red at 8 m., from the	he causes and on the	date stated above.
	12. E. Jarelly	7. M.D.	Pittleson /	espital 2	7/w/52
TI	Sula July 31.1963	Can't	aWH CER 246.1	estem (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATU DCAL REGISTRAR 11 29 1957 Huntington	Villiams, My	25. FUNERAL DIRECTOR	J. 312.5 A	Laboress Leghlandur
	VS 150		111		

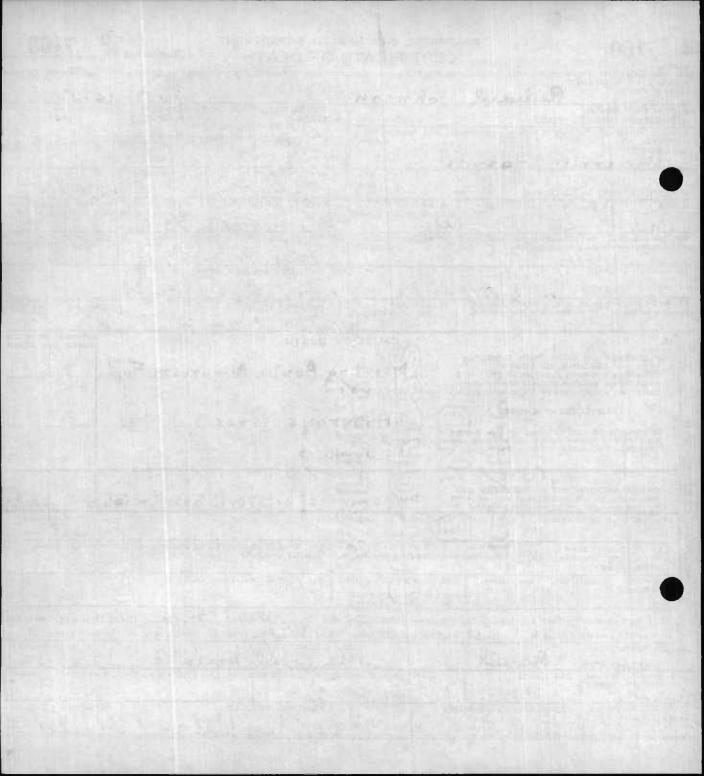


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7160

1. NAME OF DECEASED (Type or Print) Reihard Johnson	2. DATE OF DEATH 7 - 26 - 52.
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give
University Hospital	Balto. township)
Yrs. Mos. Days	of street Address (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months: Days [Hours: Min.
10a. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	V. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	Tatals villa Md WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LIBORGE W. UDANSON	Louise Dorsey
(Yes, no number of the process of th	Hatting on Weak Division Ch
18. OZYX . CAUSE C	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ng Aoxtic Aireuxysm Rupt ?
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	710 5 < (6 70 5/3
RISE TO THE ABOVE CAUSE (A) STATING THE SUE TO A CUNDERLYING CONDITION LAST.	>h,//s.
<u>г</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	onia bilateral basilar lobar andes
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY? YES NO
U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in ebout home, ferm, fectory, street, office bidg., e	or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	The row bib insurf occur.
22. I hereby certify that I attended the deceased from. 2-	21, 1952, to 2-26 _, 1952, that I last saw the
	red at 3:51 f. m., from the causes and on the date stated above.
Joseph (, totall M.D. (humity Hospital 7/27/52
24A. BURIAL, CREMA- TION, REMOVAL (Society) 24B. DATE 24G. NAME OF CEMETER	RY OR CREMATORY LAD. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 32.2/
JUL 30 1952 Huntington Williams, My	mis Katie B. Williams Schooler St
VS 150 9700	



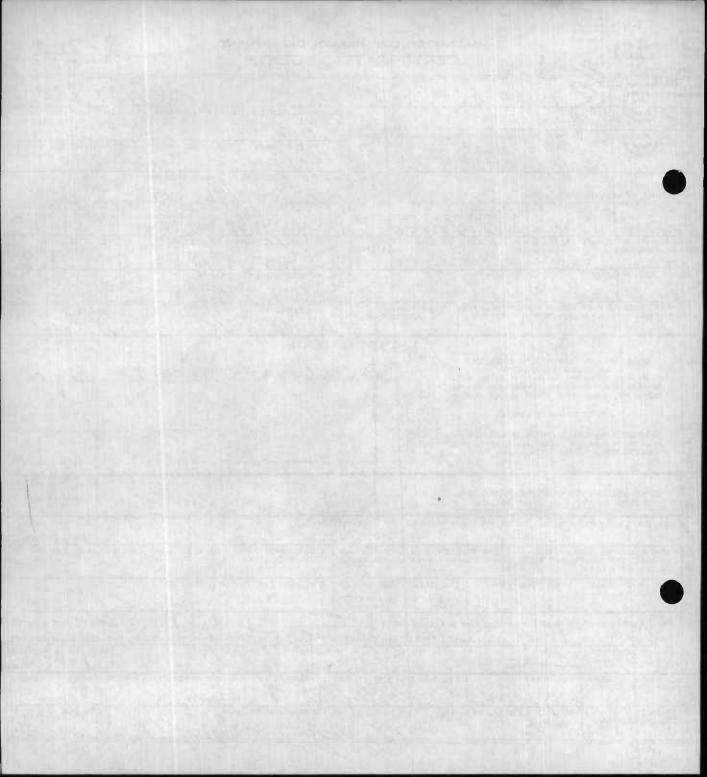
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

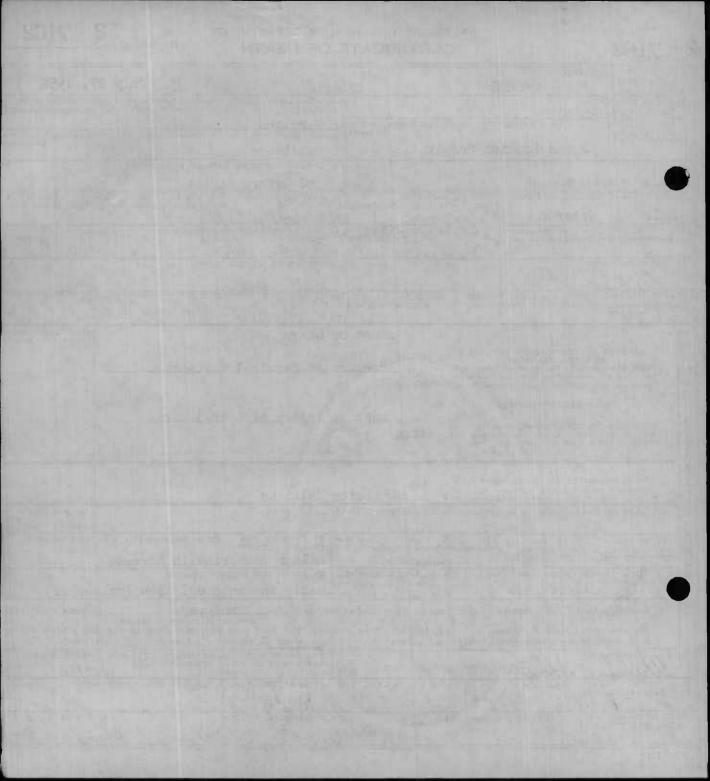
Registered No. 7161

1. NAME OF DECEASED AMO B. Jacke	SON 2. DATE OF DEATH	7/1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location		rite RURAL and give
INSTITUTION 1314 Haplem AVE	B2170.	township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	-02-
c. Length of stay in Baltimore Days 5. SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) H Und	er 1 Year If Under 24 Hours
Penalo Col. WIDOWED, DIVORCED (Specify	July 10, 1898 By Month	Bays Hours Min.
10A. USUAL OCCUPATION (Givekind of ork of or	11. BIFTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14/MOTHER'S MAIDEN NAME	M.S.Co
William Morozn	Livin Brook	
15. WAS DECEASED EVER IN 0, S. ARMED PORCES? 16. SOCIAL Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS /3/4
No	Doris Butler Harle	MAYE
DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	cinioun - brenst	341
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		***************************************
UNDERLYING CONDITION LAST. (C)		
II		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimore City, give	YES NO NO NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	,etc.) INJURY OCCUR?	Chaco location,
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF		
m. work AT WORK	12 1/2.7 37	
decased alive on 1 1 1 1952 and that death occur	60.5.5	hat I last saw the
		3c DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET!	ENCOR CREMATORY 24p LOCATION (City, town, or	county) (State)
Surior (Specify) 14430,1962 9301103 77	remodali Baxlo.	Mal.
DATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS 322/.
JUL JU JUST untington / fullations	Mue hater (K. William) Se	hereliste



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere

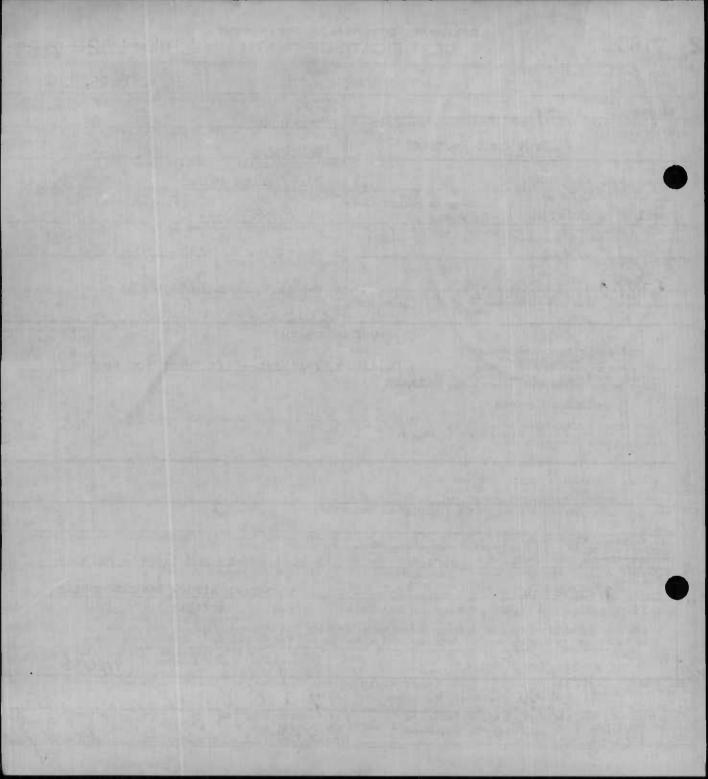
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	NAME OF D	ECEASED				2. DATE	
	ype or Print)	UPS!	HUR	CA	RROLL	DEATH	7, 1952
	Baltimore (City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If inst B. COUNTY	titution : residence before admission)
В.	FULL NAME		tal or institution	on, give street address or			
	SPITAL OR	Tahua Maul	ad 27	location)	C. CITT ON TOWN (I	f outside corporate limits, w	rite RURAL and give township)
12	1	Johns Hopl	KINS HOS	-	Baltimore		
0				Yrs. Mos.	D. STREET ADDRESS (If	1 -	-07-
-	ength of s	stay in Baltimore	7. SINGLE.	Days	562 Oxford St		er 1 Year If Under 24 Hours
	Male	Colored		ED, DIVORCED (Specify)	Mar a la la 1000	9. AGE (In years If Und last birthday) Month	
-		CUPATION (Give kind of	THAV	OF BUSINESS OR	11. BIRTHPLAGE (State or i	1 6 9	CITIZEN OF
worl	done during most	of working life, even if retired	4.06	INDUSTRY	Di alle Ala	a salal	WHAT COUNTRY
1.3	FATHER'S	NAME	MOUN	mson	14. MOTHER'S MANDEN N	ne 1/104.	745.41
	Win	LON Max	1 al		AL MODER'S MANDEN N	AME	
15	WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	sauce	- 1	
(Ye	, no a unknown)	(If yes, give war or date	es of service)	SECURITY NO.	Sallis May	Carroll (Alar of ut
	18. F	516.4 as	ad The	X CAUSE	OF DEATH		TERVAL BETWEEN
	DISEA	SE OR CONDITION					ONSET AND DEATH
Н	(This does	LEADING TO DEA s not mean the mode	of dying, e.g.	, (A)Fractu	re of Cervical Ve	ertebrae	
в	heart failt injury or	complication which	ans the disease caused death.				
	ANTECEDENT CAUSES					10013 - 113	
7	(8) Crushing injury of Spinal Cord						
TION	RISE TD 1	S OR CONDITIONS, 1 THE ABOVE CAUSE (A)	STATING THE				
AT	UNDERL	YING CONDITION L	AST.	(C)	***************************************		
FICA							
Ē		SIGNIFICANT COND					
ERTI		S TO THE DEATH, BUT DISEASE DR CONDITION			es Mellitus		
U	19A. DATE C	F OPERATION 1	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL			I ale BLAC	CE OF INTURY (:	or 21c. WHERE DID (If in Baltimore City, give	YES X NO
DIC	UNDERLYIN	NAL CAUSE WAS G 🎑 OR CONTRIB-	about bome, far	CE OF INJURY (e. g., in rm,factory,street,office bldg.,e	to.) INJURY OCCUR?		exact location)
Ш		AUSE OF DEATH.	S	treet	Gilmor and Fra		19-01
Σ	F INJURY	(Month) (Day) (Year,		1E. INJURY OCCURRI			
L		5/11/52		WORK NOT WHILE	x auto and auto	collison (pas	senger)
	22. I certi	fy that I took char	rge of the r	emains described a		topsy t	thereon and from
					nquiry, find that said d		
			resulted fr	om: natural causes	, accident 3, suicide		
	23 / S GNA	NATURE			ASSISTANT MEDICAL		DATE SIGNED
24	A RURIAL	CREMA-1 248, DATE	1/		.D. MEDICAL INVESTIGAT RY OR CREMATORY 1240 / L		county) (State)
THE	A. BURIAL. ON, REMOVAL (S	inecify)	18000	la la fo	SALO TO MA	We will be a second	Mal
D	TE RECEIVE	D BY BEGGETON	S SIGNATUR	WIN MINING	25. FUNERAL DIRECTOR	MANUS	DDRESS 32 E.M.
LC	CAL REGIST	RAR "Tunt	mylon /	Villiams, Nos	W. Not OIL	F11: 101	SPETT.
=	JUL 3U	1997	1	Toward, 1117	me have K.W.	wams she	older poo.
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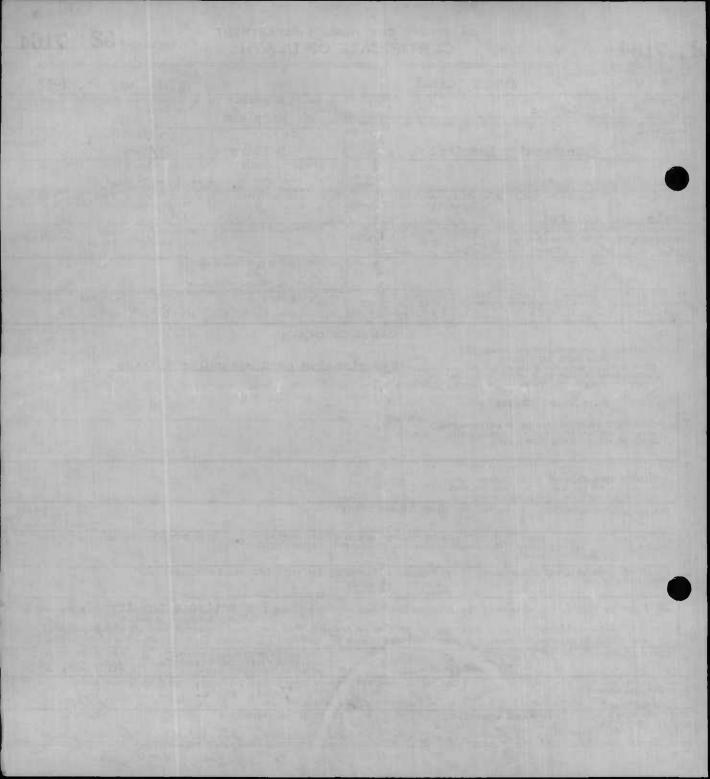
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE 1. NAME OF DECEASED OF July 25, 1952 (Type or Print) WASHINGTON BLANCH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 2015 Harlem Avenue ngth of stay in Baltimore Days 6 COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Colored Female 12. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR WHAT SOUNTR' INDUSTRY work done during most of working life, even if retired) YOUSEWIFE FATHER'S NAME 15. WAS DECEASED SVER IN U. S. ARMED FORCES? Yes no or makyown) | (If yes, give war or dates of sorvice) 16. SOCIAL INFORMANT ADDRESS SECURITY NO. (Yes, no or anknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple Fractures -- Left Femur and Neck (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DXXXXXX injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-INJURY OCCUR? UTING FI CAUSE OF DEATH. Wabash Avenue and Liberty Heights street 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE Pedestrian struck by automobile m. thereon and from 22. I certify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) 24C NAME OF CEMETERY OR CREMATORY BURIAL. CREMA-248. DA TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

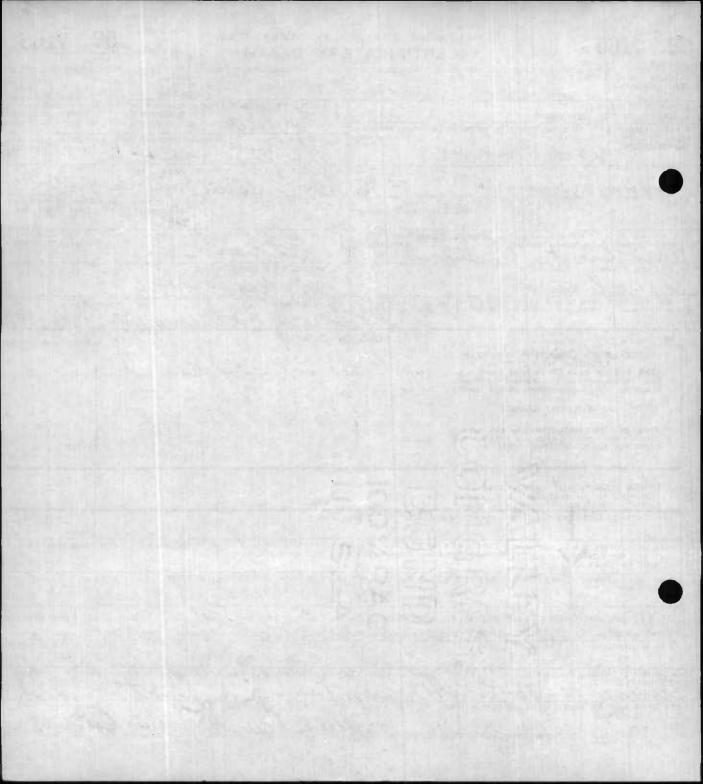
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) WARNER CAREY	2. DATE OF July 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location)			
University Hospital	Baltimore 6-0 (township)		
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
ength of stay in Baltimore Days	1207 N. Stricker Street		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) male colored	8. DATE OF BIRTH 9. AGE (In years I Under I Year Min. 12-7-1893 9. AGE (In years Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done) in most of working life, even if retired) p. INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!		
13. FATHER'S NAME Sheer Met A	14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Infranc		
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 219-05-4498	Carrie Hill - 1207 M. Stricker St		
DISEASE OF CONDITION DIRECTLY	OF DEATH ONSET AND DEATH ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	AATION 20. AUTOPSY?		
Tax. Bate of Greation Iss. Mason Thomas of Great	YES NO X		
218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bidg., e			
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from			
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above, \mathbf{x} , accident \square , suicide \square , homicide \square , undetermined \square .		
23a. SIGNATURE Reference M.	236. CHIEF MEDICAL EXAMINER		
124A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify) Reg -1-52 Salts Ma			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUL 30 1952 Huntington Wallacus My	Lamuel W. Sullwan &		
VS 151 9703E	1011 M. arlington Out		



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DIDTU	NO

52 7165		EALTH DEPARTMENT	Danistania	52	7165
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered	No	
1. NAME OF DECEASED (Type or Print)	SUKEN		2. DATE OF DEATH Z9	Suly	1952
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, I. B. COUNTY	f institution befo	: residence ore admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION SING & HOSPI	itution, give street address or location)	c. CITY OR TOWN (If	outside corporate limi	Write RU	IRAL and give township)
c. Oigth of stay in Baltimore	43 Yrs. Mos. Days	1400 Stra	Thuror	2 (1	loe
	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under 1 Year onths Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR LINDUSTRY	11. BIRTHE ACE (State or for		12, CITIZ WHA	EN OF T COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or naknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17 MFORMANT HOCK		ADDRESS	A 0
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A) Pulls, sease, sath.) DUE TO	Sonary Ind	archan	ONSET	AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OBSTAND REI TO THE DISEASE OR CONDITION CAUSIN	ATED				
19a. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20.1	NO Y
- 1 21A. ACCIDENT WAS INDER. I 219.	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., d		f in Baltimore City,	give exact	location)
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT WORK		OCCUR?		
22. I hereby certify that I attended t	he deceased from Ja	1/23 195210 7	u/y 29 , 195	2that I	last saw the
deceased alive on Jaky 24, 195	and that death occur	red at 25 Pm., from th	he causes and on	the date s	tated above.
23A. SIGNATURE	12/2 M.D. 2	38. ADDRESS	\$P	23c. DA	TE SIGNED
24A BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CHEMATORY 240. LC	CATION (City, town		(State)

ADDRESS DATE RECEIVED BY LOCAL REGISTRAR 5. FUNERAL PRECTOR

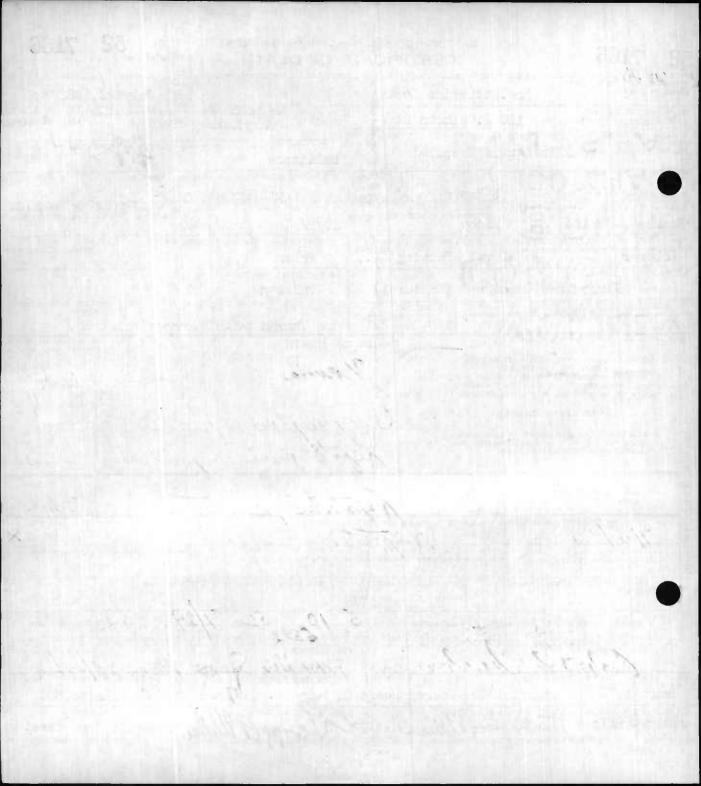


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52	7166
BIR	H NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

7166

R	RTH NO.			CLIVIII ICAII	L OF DEATH		
1. NAME OF DECEASED (Type or Print) Mrs.Katherine Lepak				2. DATE OF DEATH July	29,1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 110 N. Calhoun St B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE A. STATE Maryla	(Where deceased lived, If			
HOSPITAL OR Franklin Square Hospital		Baltimore	(If outside copporate limit	s, write RURAL and give township)			
	hength of stay in		35 Year		602 South Bro		
I	Temale Whi		Widow	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 10/1/91	last birthday) Mo	f Under 1 Year H Under 24 Hours onths Days Hours Min.
vor.	A. USUAL OCCUPA kdoneduring most of working Laborer	TION (Give kiod of og life, even if retired)		Packing Co.,	Poland	or foreign country)	12. CITIZEN OF WHAT COUNTRY:
		: Name Unl		(Gasiorek)	14. MOTHER'S MAIDEN Unknown	NAME	
15 (Ye	5. WAS DECEASED EVE	R IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO. 220-14-2391	Ann Thurma 240		nt Rd.
ICATION	(This does not n heart failure, astl injury or compl	conditions, income case case case case case case case cas	TH of dying, e. g ins the diseas caused death SES F ANY, GIVIN STATING TH	(B) 19 19	remia raylors oto send	phosis. Adapted to som	2 Notes
CERTIF	OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE 194. DATE OF OPE	HE DEATH, BUT OR CONDITION	NOT RELATE	D // 01	the list of	Ce. L	3. Anchr.
EDICAL	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING	218. PLA	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	YES NO NO Rive exact location)
×	P. TIME (Month		,	WHILE AT NOT WHILE WORK AT WORK		JRY OCCUR?	
	deceased alive or 23A. SIGNATURE	ify that I att	195.2	and that death occur	red at 55 m., from 35. ADDRESS	n the causes and on the	he date stated above.
24 TIC	AA. BURIAL, CREMA- ON REMOVAL (Specify)	248 DATE A ug,lst		M.D. 24c. NAME OF CEMETER Sacred Heart (LOCATION (Cital town,	or county) (State)
3	UL BEGIVED E	REGISTRAR Tuntu	S SIGNATU	Velliaus ME	25. HOVERAL DIRECTO	1/1//	ADDRESS Ann Street
1	VS 150	1	0	970	042	super.	

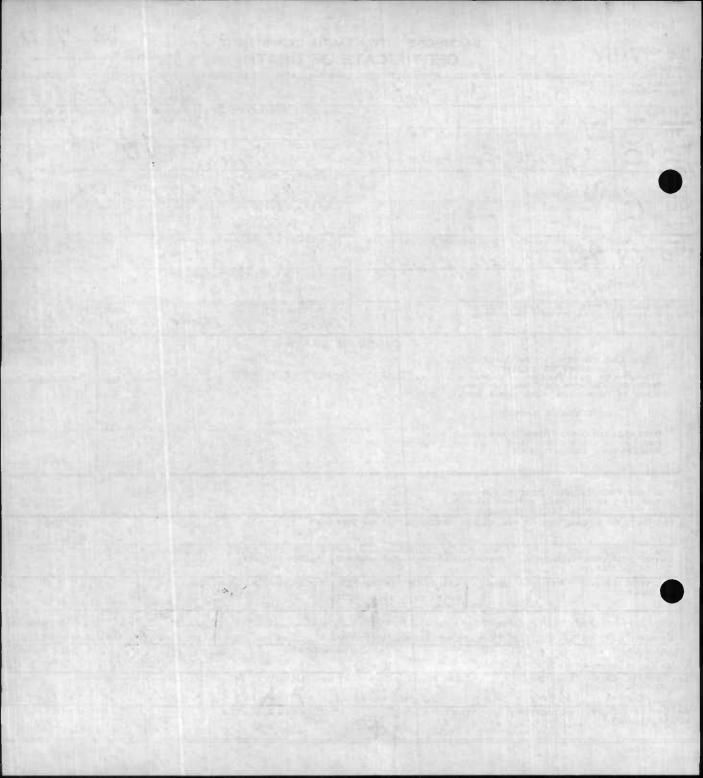


-6	30
52	7167
BIRTH	NO.

CERTIFICATE OF DEATH

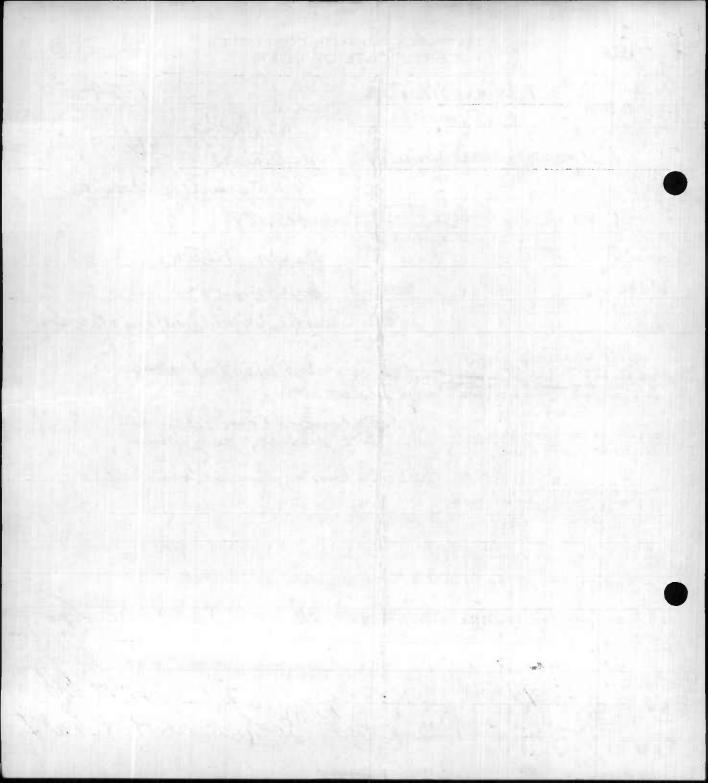
	UC	1101
Registered	No	

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Charles	C. Furtau		2. DATE Suly-29-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita	l or institution, give street address or	4. USUAL RESIDENCE (WI A. STATE Md.	nere deceased lived. If institution: residence B. COUNTY peropadmission)	
HOSPITAL OR INSTITUTION 3943	Boomen de	C. CITY OR TOWN (If of Pa/Zimor	outside corporate imits, write RORAL and give township)	
c. Length of stay in Baltimore	Yrs. Mos. Days	1 - 11 - 1	ural, give location) Q+Man Ave	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	9an- 27-05	9. AGE (In years last birthday) Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Boston	eign country) 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	PRINTERS	Mnknuun		
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT KES	Ster 3711 Formes 1 85	
DISEASE OR CONDITION DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	OIRECTLY H dying, e. g., us the disease, used death.) ES ANY, GIVING BTATING THE OUE TO (C)		ONSET AND OBATH	
OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19	CAUSING IT.	ATION		
21a. ACCIDENT WAS UNDER	218. PLACE OF INJURY (6. g., in		in Baltimore City, give exact location)	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK				
22. I hereby certify that I attedeceased alive on 23A. SIGNATURE	, 19 5 and that death occur	red at 1 2 m., from th	e causes and on the date stated above. 23c. DATE SIGNED	
24A. BURIAL, CREMA- 24B DATE TION REMOVAL (Specify)	32 Wood Vau	n Con Woo	CATION (City, town, or county) (State)	
DATE RECEIVED BY REGISTRAR'S		25. FUNERAL DIRECTOR	Baltimore	
VS 150	512	419		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 7168

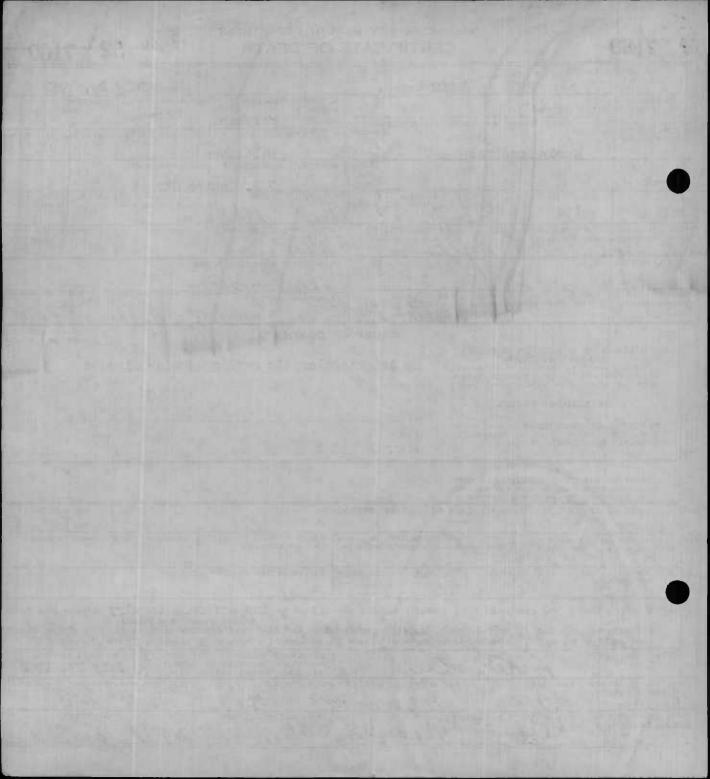
BIRTH NO.	L OF BLATTI			
1. NAME OF DECESSED Wright LEna Martha	2. DATE OF DEATH 7-29-52			
S. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOS				
c. Ength of stay in Baltimore HO Yrs. Mos. Bays	D. STREET ADDRESS 1st rural, give location) 1428 fin den avenue			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARBIED. WIDOWED DIVORCED Specify	3. DATE OF BIRTH 9. AGE (In years last hirthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) HOW WIN	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Witham,	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Rolph E. Wright, Corroll Road & Bay Drive			
18. /75× 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
OISEÁSE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	is scherolic Candos Vascular			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	cinomalosis, primery			
OTHER SIGNIFICANT CONDITIONS CON-	lunery embolin . At			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	20. AUTODSY?			
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NORWHILE AT WORK				
22. I hereby certify that I attended the deceased from Jesh 28, 1962, to July 49, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 12:05 Am., from the causes and on the date stated above.				
	manuface Genral Hop half 275			
24a. BURIAL OREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL Specify 73/2				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUL 30 1952 History Williams MF	2 y Sugar professor 1219 St Joule			



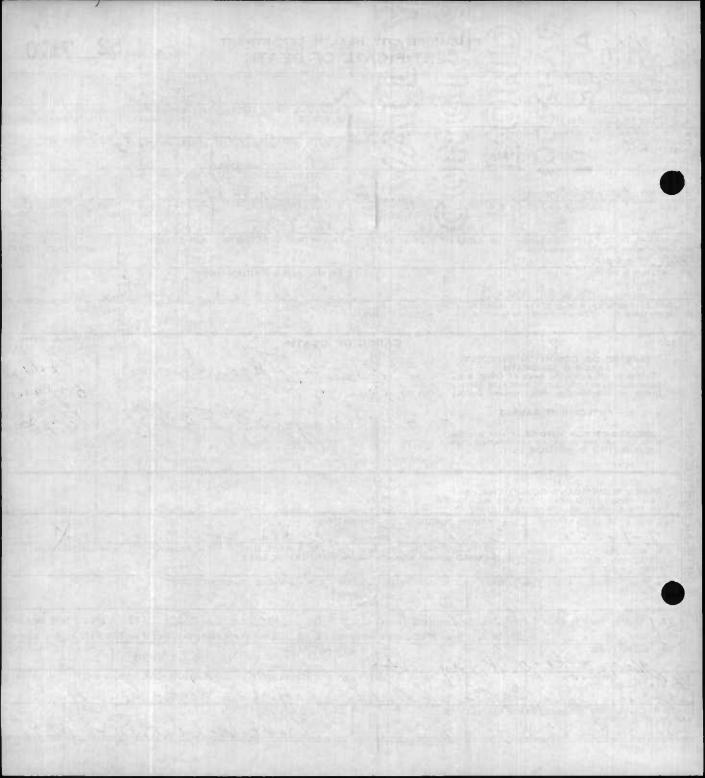
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1	2 7169	
1	BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1910

BIRTH NO.	0~ 7103			
1. NAME OF DECEASED (Type or Print) PAUL / AMMOT	2. DATE OF DEATH July 29, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate limits, write the AL and give			
Mercy Hospital	Baltimore township)			
Yrs.	D. STREET ADDRESS (If rural, give location)			
ength of stay in Baltimore Days	7 E. Centre Street			
male white T. SINGLE, MARRIED, WID WED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under 1 Year Months Days Hours Min.			
10A. USUAL OCCUPATION (Circulated of 10B. KIND OF BUSINESS OR WOLLD THE WORLD OF MINDUSTRY)	11. BIRTHPLACE (State or goreign country) 12. CITIZEN OF			
Mais intentition (aga, Distant	Man York WHAT COUNTRY?			
G. FATHER'S NAME ELEC . CONTRO	14. MOTHER STAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Manne			
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	Esil Jambert Warhenston De			
18. 472./ CAUSE C	OF DEATH			
DISEASE OR CONDITION DIRECTLY				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	osclerotic cardiovascular disease			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
<u>C</u> (c)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
7.1				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA V 21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in	20. AUTOPSY?			
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., et uting Cause of Death.	or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK	D 21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described al	bove, held an inspection & inquiry thereon and from			
the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry and inquiry, find that said deceased died on the day stated above, X , accident \square , suicide \square , homicide \square , undetermined \square .			
23A. SIGNATURE Rober M.	23B. CHIEF MEDICAL EXAMINER. 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. July 29, 1952 D. MEDICAL INVESTIGATOR.			
244. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETER				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FEM ERAL DIRECTOR ADDRESS			
JUL 3 1 1952 Huntington Walliams, My	Ill vot me 1219 Stant St			
VS 151 2 9 0 2				



14	114	
5	O MILE POLO	TE OF DEATH Registered 862 7170
	NAME OF DECEASED Type or Print) Bankara, Clevland	2. DATE OF DEATH () My 29,1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inditution residence A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address of control of contr	
IN	JOHNS HOPKINS HOSPITAL	C. C. T. Ok Town of the Country of township)
	Yrs. Mos	
	Length of stay in Baltimore Day: SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fo	WIDOWED, DIVORCED (Specif	
110	A. USOAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
11	k done furing most of working life, even if retired) INDUSTR	Y WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	mildred Ilmian
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	of DEATH rebral Thrombosis 1/2 days restance 1/2 days 1/2 days 1/2 days
SAL	7-19-52 Splendeton	performed YES NO [
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidge CAUSE OF DEATH	id of 21c. WHERE DID (If in Baltimore City, give exact location)
	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR INJURY m. WHILE AT NOT WHILE AT WORK	E
	22. I hereby certify that I attended the deceased from	0-30, 1952, to 7-29, 1952, that I last saw the
	deceased alive on 7-29, 1952, and that death occ	
	Masmothered & Kan Mario	JOHNS HOPKINS HOSPITAL
1	AL BURIAL, CREMA, 24B, DATE 24C, NAME OF CEMETON, REMOVAL (Riccity) ATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150	25. FUNERAL OREGOR ADERESS 25. FUNERAL OREGOR 26. 12/15/ Own 27. 12/15/ Own 28. 12/15/ Own 29. 12/15/ Own 20. 12/15/ Own
11		



141	00
52	7171
BIRTH	I NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) OF Blair. Mary DEATH July 29,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location \ C. CITY OR TOWN (If outside corpor de limits write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore Yra. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 1501 N. Bond Street Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) last birthday) | Months: Days | Hours: Min. White Widow 27 Female IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Marker English-American MORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tailors 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL **ADDRESS** (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardol infarction and cerebral (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, thrombosis injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICA YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK , 19 52 to July 29 , 1952, that I last saw the 22. I hereby certify that I attended the deceased from July 10 deccased alive on July 29 . 1952, and that death occurred at 8:40am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Caroline Street July 29. TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Md

FUNERAL

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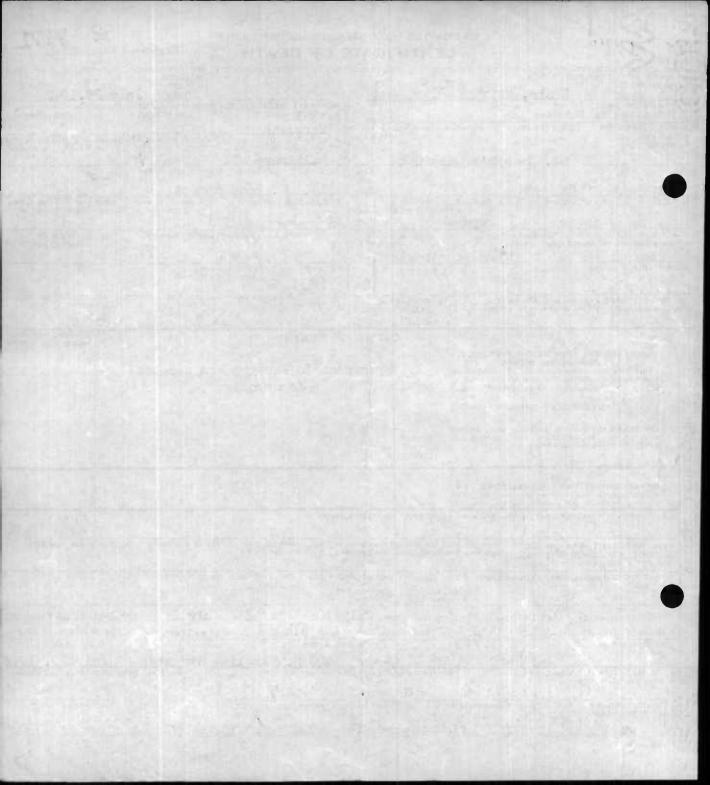
REGISTRAR'S SIGNATURE

alon

DATE RECEIVED BY

LOCAL REGISTRAR

DIRECTOR ADDRESS



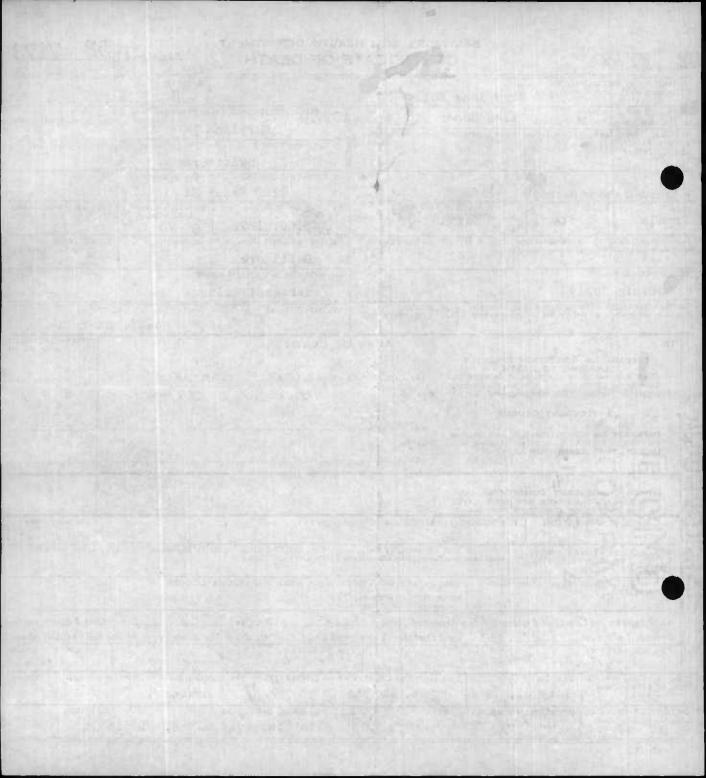
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ZIR.	7.172 TH NO. 72	

BALTIMORE CITY HEALTH DEPARTMENT

2 7172	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No.	7172
1. NAME OF DECEASED (Type or Print) WI	LLIAM B. YOST	2. DATE OF DEATH JILLY	29, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	al or institution, give street address or location) Belair Road	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	nstitution: residence before admission)
cngth of stay in Baltimore 5. SEX 6. COLOR OR RACE	Yrs, Mos. Days 7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location) 5016 Belair Road	Lea Very 18 U. De H
male white 10A. USUAL OCCUPATION (Givekindof rork done during most of working life, even if retired)	widowed, Divorced (Specify) Widowed	Apr 2, 1874 last birthday) Mon	Inder 1 Year If Under 24 Hours this Days Hours Min.
Bookkeeper 13. FATHER'S NAME John Yost	INDUSTRY	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMEE Yee, no or unknown) (If yee, give war or date	FORCES? 16. SOCIAL SECURITY NO.	Catherine Glauber 17. INFORMANT AD Mr. Kenyon Burdick, 5016 B	DRESS Belair Road
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean in jury or complication which complication will be complicated by the complication which complication will be complicated by the	f dying, e. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE DUE TO	Jenes pryveardets Jeneralize Partempless	6 10 years
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19a. DATE OF OPERATION 1	NOT RELATED	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, girate.) INJURY OCCUR?	
22. I hereby certificate that I att deceased alive on 23A. SIGNATURE	m. WHILE AT NOT WHILE AT WORK. ended the deceased from the second that death occur	red at 3 H m., from the fauses and on the	39c. PATE SIGNED 1950
DATE RECEIVED BY LOCAL REGISTRAR VS 150	S SIGNATURE Ston Williams, Mix	& Cem. Baltimore, M 25. FUNERAL DIRECTOR	d. ADDRESS rford Road.

CERTIFICATE OF DEATH Registered No. 2 7173

BIRTH NO.	LOIDEATT						
1. NAME OF DECEASED (Type or Print)	2. DATE						
Mary Jane Kelly	DEATH JULY 27, 1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland 1128 Ensor St	4. USUAL RESIDENCE (Where decensed lived, If institution: residence A, STATE B, COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or	Meryland						
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits write RETAL and give lownship)						
	Baltimore /						
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Days	ll 28 Ensor St						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIND DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hours Min.						
Female White White General Consensation	Mar.25, 1879 73						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
At Home	Baltimore What Country?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Dominic Kelly	Margaret Quinn						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (1fyes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	1128 Ensor St						
18. J CAUSE	OF DEATH						
777.1	ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nio schentis Caroli-						
injury or complication which caused death.) DUE TO	Vascular Disease 5 yes						
ANTECEDENT CAUSES							
Z (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED							
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?						
	YES NO						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bidg.,							
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., UCAUSE OF DEATH	etc.) INJURY OCCUR?						
p. Time (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?						
INJURY WHILE AT NOT WHILE							
m. WORK AT WORK							
	-15., 19-3 to 7-27, 1952, that I last saw the						
deceased alive on 727, 1922, and that death occurred at 2 /2, m., from the causes and on the date stated at							
	23B. ADDRESS 23C. DATE SIGNED						
M.D.	11 C. Chare 27, 7.28.03						
24A. BURIAL, CREMA- TION REMOVAL (Specify) July 31, 1952 24C. NAME OF CEMETE St. Mary.	S Govans (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
LOCAL REGISTRAR Tuntington Villaure, My	Rita Wiedefeld 900 E. Biddle St						
JUL JULION							
VS 150							



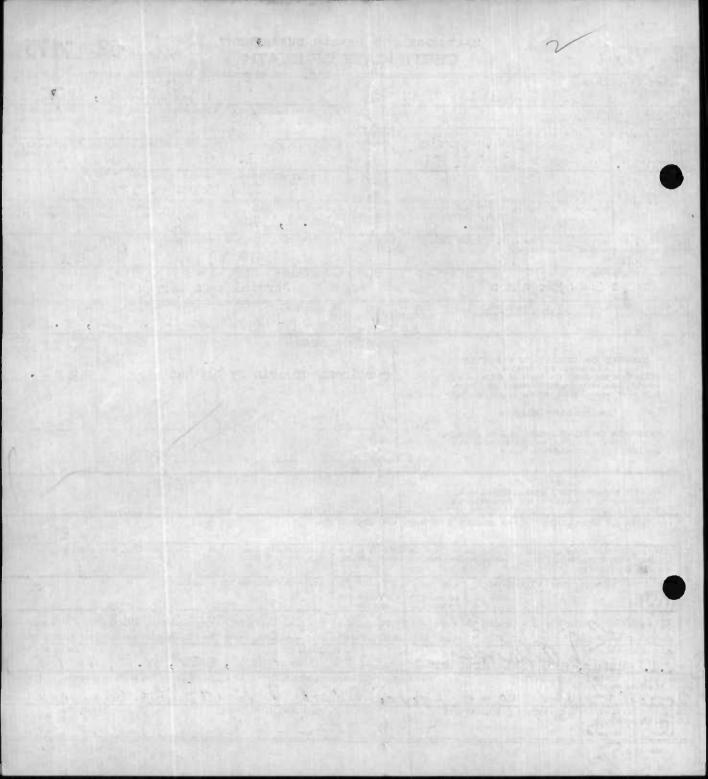
L	400	CER	TIFICA	TE CORRECTI	D 8-25-52			
	7174	-1-11(1		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	NT Registered	52 7174	
-	NAME OF E	2 -/ 6 6 2	s Edgar	^		2. DATE		
(T:	vpe or Print)	BARY	- Boy	REILLY ±	-c	OF DEATH 7-	29-52	
	Baltimore (City, Maryland /	12		A. STATE	E (Where deceased lived, I B. COUNTY	f institution : residence before admission)	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN	(16 audai la composat li	***************************************	
	STITUTION	1-004 110	C D . TA/			(If outside corporate lim	its, write RURAL and give township)	
3	141	ERCY HO	SPIIAL	Yrs.	D. STREET ADDRESS (If rural, give location)			
С		tay in Baltimore		Mos. Days	6433 Blen 1	. 0	17)	
5.	SEX M	6. COLOR OR RACE		E, MARRIED, ZED, DIVORCED (Specify)	4- 21-V2		If Under 1 Year Ionths Days Hours Min.	
10 work	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	NAME			14. MOTHER'S MAIDE	V NAME		
		ph'B. Re		Jr.	Mary C	. Price		
(Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMER (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS	
ERTIFICATION	(This does heart failt in jury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA' not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION IS TO THE DEATH, BUT 1SEASE OR CONDITION	F H f dying, e. g f dying, e. g saused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	ematurity			
U				FINDINGS OF OPER	ATION		20. AUTOPSY?	
A		0					YES NO	
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA	CE OF INJURY (e. g., l. arm, factory, street, office bldg.,	o or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)	
Σ	21D. TIME INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJ	URY OCCUR?		
	22. I hereby certify that I attended the deceased from 7-21- 192, to 7-29, 19 17, that I last saw th							
	deceased a			and that death occur			the date stated above.	
	23A, SIGNA	11 7 1	vrona -	Mastrac	Mercy Hr.	resited	23C. DATE SIGNED	
24 TIC	A. BURIAL,	CREMA- 24B. DATE		24c. NAME OF CEMETE	7 4 4 4 4 4 4	Ballimore	n, or county) (State)	
S DA	MANAK TE RECEIVE	D BY REGISTRAR	S SIGNATI	RE	25 FUNERAL DIRECT	70000	ADDRESS	
LC	SULE 3	1952 Hun	tington	11/11.	Hw. meus		lout St.	
	VS 150		0		50.5/1134			

Careeder Emily Actioner 1/30/02 Lieuse, L of Will Educate Con your President Electrical Contract Co

52 7175

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.						
1. NAME OF DECEASE (Type or Print)	MARGARET	HOUSE	DROHAN		2. DATE OF DEATH JULY	
3. PLACE OF DEATH: A. Baltimore City, M				4. USUAL RESIDENCE (A. STATE Maryla	# COUNTY	institution: residence before admission)
INSTITUTION	Public Hea	ilth Se	ervice location)		If outside corporate limits	s, write RURAL and give township)
Janan Pk. Driv	re & 31st	Street				5-12
			Yrs.	o. STREET ADDRESS (I		
c. Length of stay in		?	Mos. Days		Ridgewood Ave	
5. SEX 6. COL	OR OR RACE		. MARRIED. ED. DIVORCED (Specify)	Jan. 1,1870	9. AGE (In years line) last birthday) Mo	Inder 1 Year If Under 24 hours ntlis Days Hours Min.
10A. USUAL OCCUPATI work done during most of working		Юв, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Marylan		12. CITIZEN OF WHAT COUNTRY? USA
13, FATHER'S NAME	'			14. MOTHER'S MAIDEN I	VAME	
Thomas Sha	w Maccammo	on		Jerminial	n Patterson	
15. WAS DECEASED EVER	IN IL S ADMED E	EODCES?	16. SOCIAL			
(Yes, no or unknown) (If yes	s, give wer or dates o	f service)	SECURITY NO.	Records- US PHS		lto, Md.
18. 101V			CAUSE	OF DEATH		INTERVAL BETWEEN
1811	1		0,.00=	22/11/1		ONSET AND DEATH
IFADI	CONDITION DI	1		- 0	1.7 - 1.1	6
(This does not me	an the mode of	dying, e. g		noma of urinary	pradder	6 mos.
heart failure, asthe						
ANTEC	EDENT CAUSE	S				
DISEASES OR CO	NOTIONS IS		(B)	***************************************		********
RISE TO THE ABO						
DISEASES OR CO	ONDITION LAST	Τ.	(C)			
			(C)	***************************************		
	11					prompt, well-freezing authority
OTHER SIGNIFIC	CANT CONDITI					
W TRIBUTING TO TH						
19A. DATE OF OPE	5.00		FINDINGS OF OPER			20, AUTOPSY?
	ATTON	B. MAJOR	FINDINGS OF OFER	ATION		YES K NO
S	1.5 141151515	210 01 /	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	
21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH	RIBUTING	ebout home,	arm, factory, street, office bldg.,		(II III Datamore Croy)	
o. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK		- 7 -0 -7	
22. I hereby certi	fy that I atter	nded, the	deceased from Ma			2, that I last saw the
22. I hereby certify that I attended the deceased from May 12, 1952, to July 28, 1952, that I last saw t deceased alive on July 28, 1952, and that death occurred at 10 Am., from the causes and on the date stated about						
23A. SIGNATURE	1 not	10		38. ADDRESS		23c. DATE SIGNED
J.A. Hunter	1. 11.	Direc	tor M. O.	US. PHS Hospital,	Balto, Md.	7/29/52
344 BURIAL CREAT	24B. DATE	. 1)	24c. NAME OF CEMETE		LOCATION (City, town	or county) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	A SALL	100	S 13 19	1 7 B	Today -	m 1 1
Duria	July 3	0/57	horraine	vars 1 10/1	Mimore 1	1 ary cases
DATE RECEIVED BY	REGISTRAR'S	SIGNAT	BE MIII	25 FUNERAL DIRECTOR	3	ADDRESS
LOCAL REGISTRAR	Thu	rtugh	m Wellacus,	Ton P	000 500	TIK Hallo
- JUL 30 1334		0		pound la	Aure July	O V VIV
VS 150				0 (The



B@500	
52 7176 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere	52 7176
1. NAME OF DECEASED 1 2. DATE	
(Type or Print) Jan 6. Deyne OF DEATH J	ly 28/52
a. Baltimore City, Maryland 52 49 St. Charles Me A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR location (If outside corporate institution)	imits, write RURAL and give
5249 St. toliarles Oreme Dellimore Vrs. D. STREET ADDRESS (If rural, give location	1-19
congth of stay in Baltimore Days 5249 St. Charles	12
11/000 4/1. 10 11/19/01 27	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR INDUSTRY) work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
Test Koom Belilchem Holland	W.S.a.
13. FATHER'S NAME STEEL (M) 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yea, oo or uokoowa) (If yea, give war or dates of service) SECURITY NO.	ADDRESS Che
(Yes, oo or unknown) (If yes, give war or dates of service) 279-10-3375 W/r W. Chamb. Ford 5.	249 St. Charles
18. / CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Dec 1951
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LEADING TO DEATH (A)	w'
ANTECEDENT CAUSES & L. Coullas Clauds	
RISE TD THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
other significant conditions con. Oto lite Leffles	2 - 4
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20415.
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/1. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore Ci	ty, give exact location)
CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from July 1, 1952 to July 2 8, 1	952-that I last saw th
deceased alive on July 25, 1952 and that death occurred at 5 m., from the chuses and o	m the date stated above
23A. SIGNATURE Sommon 23B. ADDRESS Heght, he	7-29-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to	own, or county) (State)
DATE RECEIVED BY REGISTRAR SIGNATURE 125. FUNERAL DIRECTOR	Morey and
LOGAURES THE Fington Williams Mas Josing Trans 50	astelle Hall
VS 150	1 gre

D. N. Howman 3005 W. Larrison

	15-6	36					
	52 7	177			EALTH DEPARTMEN	- 010	7177
В	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
(7	NAME OF D	Mr. C	harle	F. Krueder		2. DATE OF DEATH	- 20 1050
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		Baltimore (If ontside corporate lim	its, write RURAL and give
3	4	Bon Seco	urs He		Baltimore		township)
c.		tay in Baltimore		Yrs. Mos. Days	d. STREET ADDRESS (A === (00)	APT B
	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	onths; Days Hours; Min.
	A USUAL OC	White CUPATION (Give kind of	Mar	ried	1/15/07	45	
worl	SECRE74	of working life, eveo if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Balto.	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N				14. MOTHER'S MAIDEN	NAME	
15	Chai	cles Kruede	P FORCES?	16, SOCIAL		a Stumpf	
(Ye	No or uoknown)	(If yes, give war or date	of service)	SECURITY NO.	HRS. CHARLES F. KRE		ADDRESS
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE O	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It meat complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA IGNIFICANT CONDITION TO THE GEATH, BUT ISEASE OR CONDITION FORERATION 1	TH f dying, e. g ns the disease aused death ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT	G (B) CO		Coloni	Smonths
A.	3/1	2/52 1	Gene	slined Car	erioua foris		20. AUTOPSY?
MEDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,	o or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
П			m.	WORK NOT WHILE			
	deceased al			and that death occur	ged at 5 2 Pm., from 3B ADDRISS		that I last saw the he date stated above.
24	A. DURIAL, C	REMA- 24B. DATE pecify)	2	4c. NIME OF CEMETE		LOCATION (City, town	or founty) (State)
D.4	TE RECEIVED		2	NEW CATHERRAL	3.22	ALTO. MD	
LC	CAL REGIST	RAR H 1:	ton W	liaux MD	Vm. Juchus	V. Sone Ine	Bells net
oen.	3 0s 18 32	8	716	or	-0.5		:
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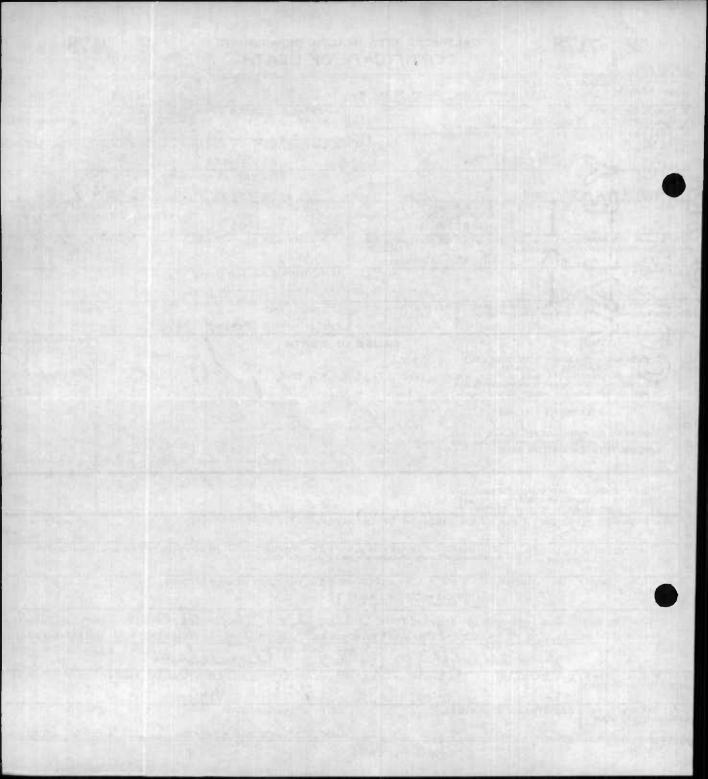
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BIRTH NO.

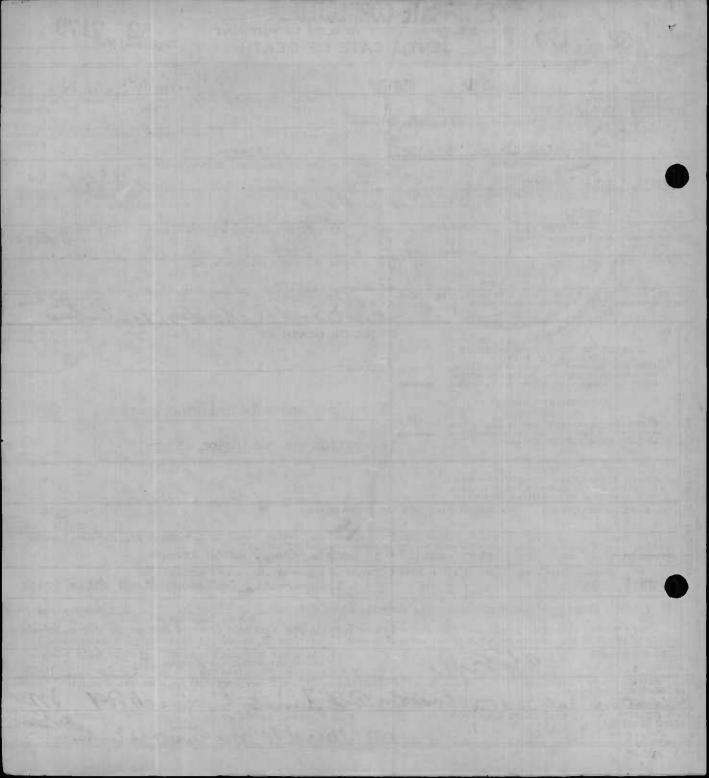
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1.	NAME OF D Type or Print)		EST HOM	WARD HURLEY Sr	•	2. DATE OF DEATH	July 28, 1952
	PLACE OF D Baltimore (EATH: City, Maryland		1	4. USUAL RESIDENCE (W		. If institution : residence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					Md.		
	NSTITUTION	3.403 T - 10 - 100	- 2 CL .	location)			mits, write RURAL and give township)
1	(-/)	1401 Longwe	od st.		Baltimor		
c	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		-07
5	. SEX	6.COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years	II Under I Year If Under 24 Hours
	M	.A.	Marr		April 18 1888	64	Months Days Hours Min.
TO WOL	DA. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	ontractor		Sheet	Metal	Balto.		USA
13	FATHER'S	IAME		(M)	14. MOTHER'S MAIDEN NA	AME	
		n Hurley		(' //	Anna Ferguson	n	
15 (Ye	5. WAS DECEASE ou, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	0			SECORITI NO.	Mrs. Helen Hurley	v 1401 N.	Longwood St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (C) (C) (C) (D) TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							I WR.
AL.	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	LYING OF CAUSE OF	Month) (Day) (Year)	(Hour)	CE OF INJURY (e. g., in arm, factory, street, office bidg., ce 21e. INJURY OCCURR) WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	y, give exact location)
			402		-20:12, 19_, to_		
	deceased al	W 8	Tun	м. р.	2)03 du	nden	the date stated above. 23c. DATE SIGNED 2-2-52
Z TI	4A. BURIAL, C ON, REMOVAL (S Purial	7-31-5		Western	RY OR CREMATORY 24D. L.	ocation (City, to ltimore. Md	wn, or county) (State)
	ATE RECEIVE		S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS
Political Control	OCAL REGIST	RAR		,	Hon J. Tuckner "	Love land	Bell ned
力	VS 150	The terms	down !	Hama Maria	The second of	THE SALL	
	V5 150	, much	flow 11	walle, Miss.	CISE		



CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DAVID ARTHUR DEATH July 24. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days North Avenue 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED 8. DATE OF BIRTH 9. AGE (in years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) male white 10A, USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Marry Larre 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL NEORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. nacley 19128 INTERVAL BETWEEN CAUSE OF DEATH 00.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Fracture of skull heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ********************* ANTECEDENT CAUSES Extradural and subdural hemorrhage RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Laceration and contusion of brain OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or about home, farm, factory, etrect, office bldg., etc.) INJURY OCCUR?

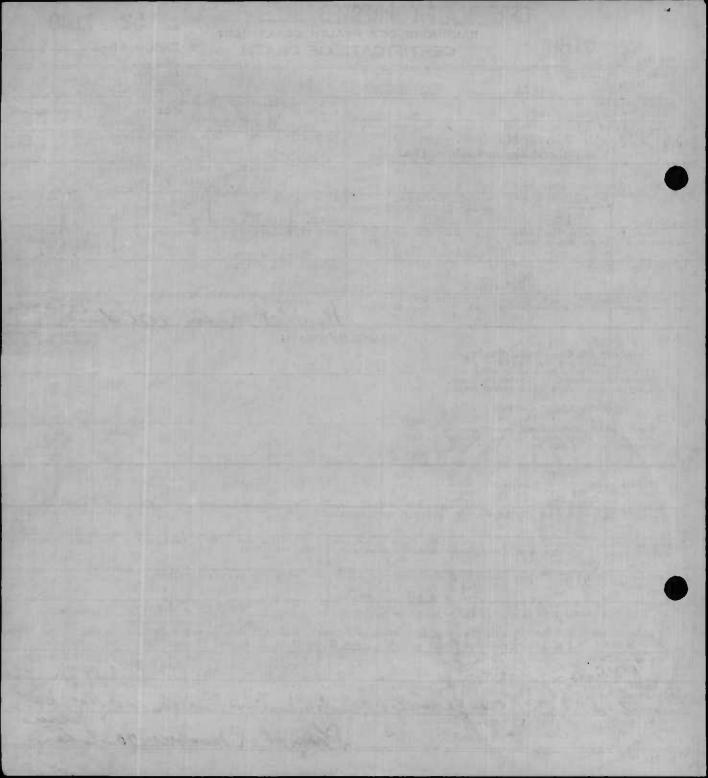
steps-outside of home 920 W. North Avenue (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-TING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Apparently fell down steps while drunk WORK autopsv 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A, SIGNATURE 238, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) MAME OF CEMETERY OR CREMATORY 1240 LOCATION (City, town, or county) (State) DATE RECEIVED BY FUNERAL DIRECTOR SIGNATURE LOCAL REGISTRAR



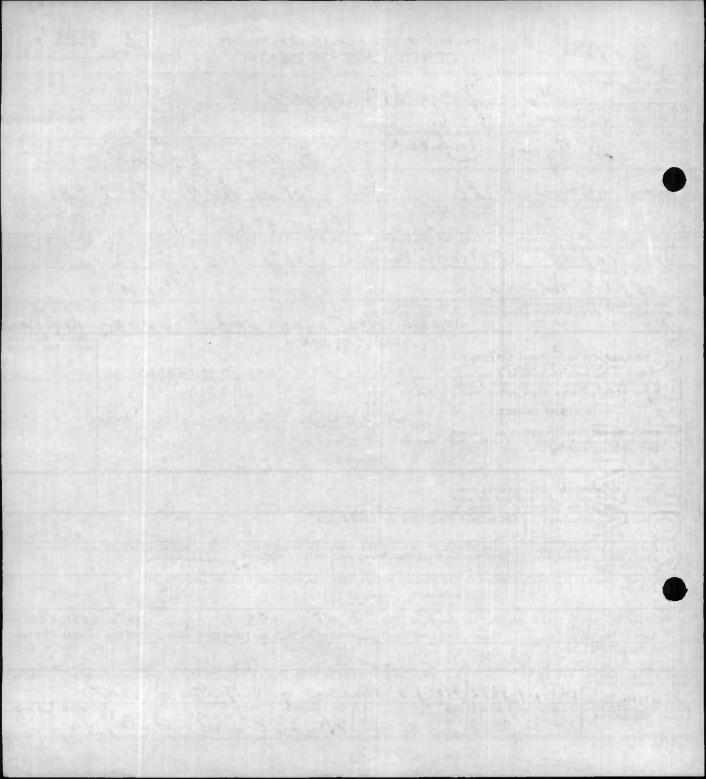
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7180

BIRTH NO.						
1. NAME OF E (Type or Print)	DECEASED EVA	Louise	OSTERGREN			y 22, 1952
	City, Maryland		North Ave	4. USUAL RESIDENCE (V	B. COUNTY	institution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	920 W. Nort	th Ave.				ts, write RURAL and give
	Maryland Ge	neral-I	Hospital	Baltimor		
		1 1110	Yrs.	D. STREET ADDRESS (If	rural, give location)	12-45
ength of	stay in Baltimore	LAGE	Mos.	920 W. N	orth Avenue	100
5. SEX	6. COLOR OR RACE		E. MARRIED,	8. DATE OF BIRTH	9. AGE (in years	M Under I Year If Under 24 Hours on the: Days Hours Min.
Female	White	WIDOW	/ED, DIVORCED (Specify)	Mar. 19, 1877	last birthday) M	onths Days Hours Aim.
	CCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
ork done during most	t of working life, even if retired)	Pri	vate Duty	Baltimore, Ma	ryland	WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N		
	Dave	5.5 K-62		Andono		
15 WAS DECEAS	·-	TORCES?	16, SOCIAL	Anders		
Yes, no or unknown	SED EVER IN U. S. ARMEI (If yes, give war or date:	of service)	SECURITY NO.	17. INFORMANT	two 19 12 E	DDRESDON
No	100116		Morre	David Man	Con 1912 Cas	(air)
18. 6 (\$1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION	DIRECTIV				ONSE! AND DEATH
	LEADING TO DEA	TH	Fat.t.	y liver		
	es not mean the mode (lure, asthenia, etc. It mea		D.1	K	***************************************	
	r complication which					
	ANTECEDENT CAUS	EFE				
	ANTECEDENT CAS		(B)			
DISEASE	ES OR CONDITIONS, I		NG			
	THE ABOVE CAUSE (A)		HE DUE TO			
4			(C)			
TRIBUTIN	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED			
U 19A, DATE	the state of the s		FINDINGS OF OPER	RATION		20. AUTOPSY?
ZIA. EXTER	RNAL CAUSE WAS		ACE OF INJURY (e.g., i		If in Baltimore City,	
	NG OR CONTRIB- CAUSE OF DEATH.	about home,	farm, factory, street, office bldg	eto.) INJURY OCCUR?		
2 1D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
F INJURY	'		WHILE AT NOT WHILE			
		m. j	WORK AT WORK	Parti	al Autoney	
22. I cert	ify that I took char	ge of the	remains described of	above, held an Parti	Inspection or Inquiry	_ thereon and from
the en	vidence obtained by	said Aut	onsu Inspection or l	Inquiry, find that said d	eceased died on to	he day stated above
and d	eath in my opinion	resulted	from: natural causes	s 🗓, accident 🗌, suicide	, homicide ,	undetermined [].
23A. SJGN				23B. CHIEF MEDICAL	EXAMINER 2	C. DATE SIGNED
11/1	100.	my V		ASSISTANT MEDICAL	EXAMINER	Tuly 23, 1952
24A. BURIAL,	CREMA- 248. DAVE	JULAG	24c NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	, or county) (State)
TION, REMOVAL	(Specify)		Took or	001 201		Bu ma
	no 1/30/4	5	tours on the	14 Oslanting 1	MARKET STATES	
DATE RECEIVE	TO AD TO THE OWNER	2 4 / 6 0 0		25. FUNERAL DIRECTOR	-	AUDIO
001057	TRAN I wastinglov	Velle	acus, Misso	Harris (Y)	colon 190	1 Enlarge
A (1 129%						
V S 151						



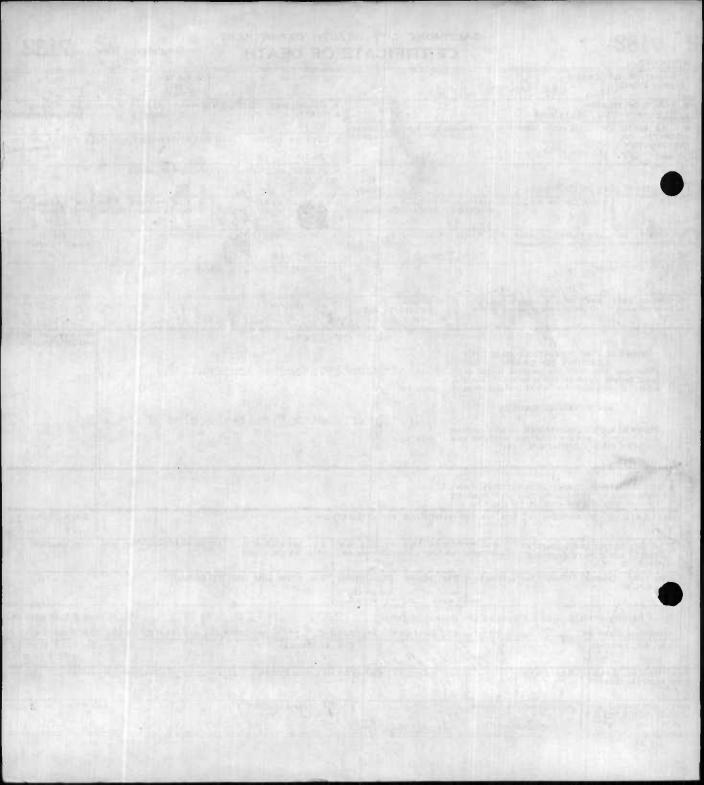
BIRTH NO. 181		EALTH DEPARTMENT E OF DEATH	52 Registered No.	7181
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland	Jenge J. Br	4. USUAL RESIDENCE (W	2. DATE OF DEATH OF DEATH There deceased lived. If inst B. COUNTY	Sz titution: residence before admission)
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION St. agrees	titution, give street oldress or location) Yrs.	c. CITY OR TOWN (If Baltimere)	outside corporate limits, w 29 37 6.	rite RURAL and give township)
	Mos. Days IGLE. MARRIED. DOWED, DIVORCED (Specify)	311 S. Ac	19USTA 1	A VE. or I Year Hunder 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) OP 13. FATHER'S NAME	TICAL BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to BALT M 14. MOTHER'S MAIDEN NA	2.	CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	57 16. SOCIAL SECURITY NO.	17. INFORMANT CATHERINE-A.	Brunner	N RESS 311 B. Augusta An
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the complex of the c	e.g., (A) Cerebrasease, leath.) Due to	of DEATH - VASCULARE He sclerotic - CAROLO VI	morrhage Asculae dice	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED			
19a. DATE OF OPERATION 19B. MA.	JOR FINDINGS OF OPER		f in Baltimore City, give	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) INJURY 22. Thereby centify that I attended decreased alive on 1972 23A SIGNATURE	ome, farm, factory, street, office bidg., 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK the deceased from 7 And that death occu	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 20, 1957 to July rred at 5:40 A m., from the case of the	occuri , 19 D, t he causes and on the c	hat I last saw the date stated above.
DATE RECEIVED BY LOCAL REGISTRAR SIGN	2 Holy Reger ATURE Williams Mr.	25. FUNERAL DIRECTOR	OCATION (City, town, orl Ofmosp mg	DDRESS 3/09
JO142 349 1278	5631	U		



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BALTIMORE CITY HEALTH DEPARTMENT

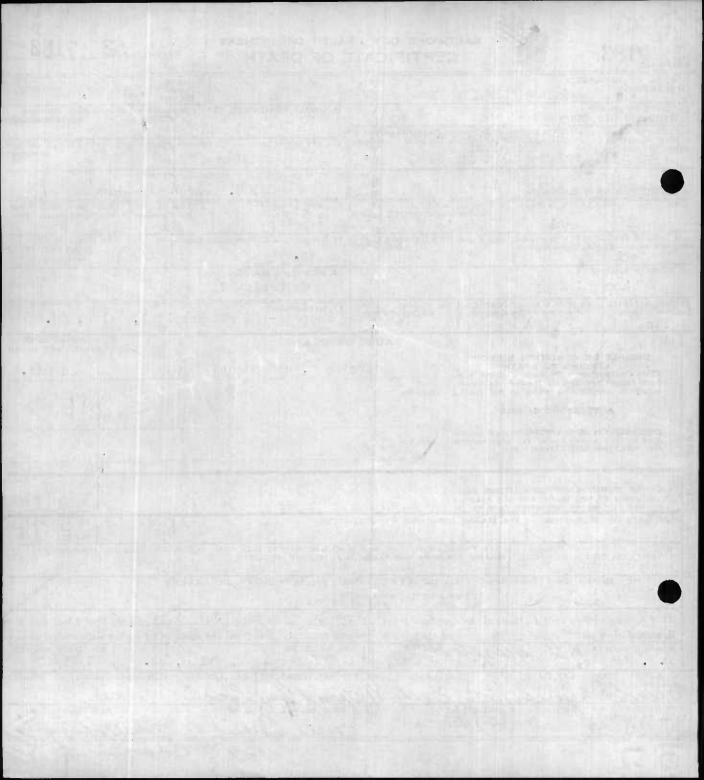
BIRTH NO.			CERTIFICATI	E OF DEATH	- Tregistered	110
1. NAME OF				2. DATE		
(Type or Print	UMAN, MM. JUS	EPH JC	HN		DEATHJULY	
3. PLACE OF Baltimore	City, Maryland		6	4. USUAL RESIDENCE A. STATE	(Where deceased lived, I	f institution : residence before admission)
B. FULL NAM	E OF (If not in hospit		Maryland		an I	
HOSPITAL OR location)			C. CITY OR TOWN	(If outside corporate lim	it, write RURAL and give	
4/ St	. Joseph Hospi	tal	-11	Baltimore	6	township)
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
c. ngth of	stay in Baltimore		Mos. Days	3004 E. Faye	ette St.	
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	B. DATE OF BIRTH		H Under 1 Year H Under 24 Hours donths: Days Hours Min.
Male	White	Marri		may 15/188	6 66	Toutins Days Hours Min.
	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	r foreign country)	12. CITIZEN OF
Machinis	st of working life, even if retired)	Rai	INDUSTRY	Maryland		WHAT COUNTRY?
13. KATHER'S		1/4% 1	.11044	14. MOTHER'S MAIDEN	NAME	1
M	The same					
15. WAS DECE	SED EVER IN U. S. ARMED	FORCES	16. SOCIAL	17 11/5001/41/2		3 0011
(Yes, no or unknow	n) (If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	and Il	ADDRESS 3004
			Turk	11/4. Wha	711. Thoman	c. rapine
18. 44	3 X I		CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION					
(This do	es not mean the mode o	f dying, e. g	. (A)Cerebr	al Vascular Acci	ident	
heart fa injury	ilure, asthenia, etc. It mea or complication which c	ns the disease aused death.	DUE TO			
	ANTECEDENT CAUS	re				
7	ANTECEDENT CAUS	, ,	(B) Hyper	tensive Cardio-v	vaschlar Disea	ase
	ES OR CONDITIONS, II		G			
UNDER	LYING CONDITION LA					
0			(C)			***************************************
F	II					
OTHER TRIBUTI	SIGNIFICANT CONDI					
U TO THE	DISEASE OR CONDITION					
	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
0		21a Pl A	CE OF INJURY (e. g., i	a or 21c. WHERE DID	(If in Baltimore City,	YES NO S
	IDENT WAS UNDER- OR CONTRIBUTING F DEATH		arm, factory, street, office bldg.,		(ii iii suitiiiore croj,	, give chart interior,
21b. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
INJUR		m.	WORK NOT WHILE			
22. I her	by certify that I att	ended the	deceased from	7/26 , 19 52 to	7/28 , 19	53hat I last saw the
				red at 6:50pm., from		
23A. SIGN		1011		3B. ADDRESS		23c. DATE SIGNED
	Je . / .	OFK	Ref M.D.	St. Joseph Hos	spital	7/28/52
24A. BURIAL	CREMA- 248. DATE	and i	14 NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, tow	n, or county) (State)
Quria	8/1/3	a l	Howked	cemer (4	Jallmor	el
DATE RECEIV	ED BY REGISTRAR	SSIGNATH	REC O	25 FUNDAL DIRECTO	R . O	ADDRESS 2024
LOPHIL REGI	7552 Huntin	aton 1	Villiams Mi	Philip Her	ury Jona	Creans st
VS 150		0	-		0	21
13 130	7.	TEL TO	- ri	100		01
		ler .	74	750		



350 52 7183 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

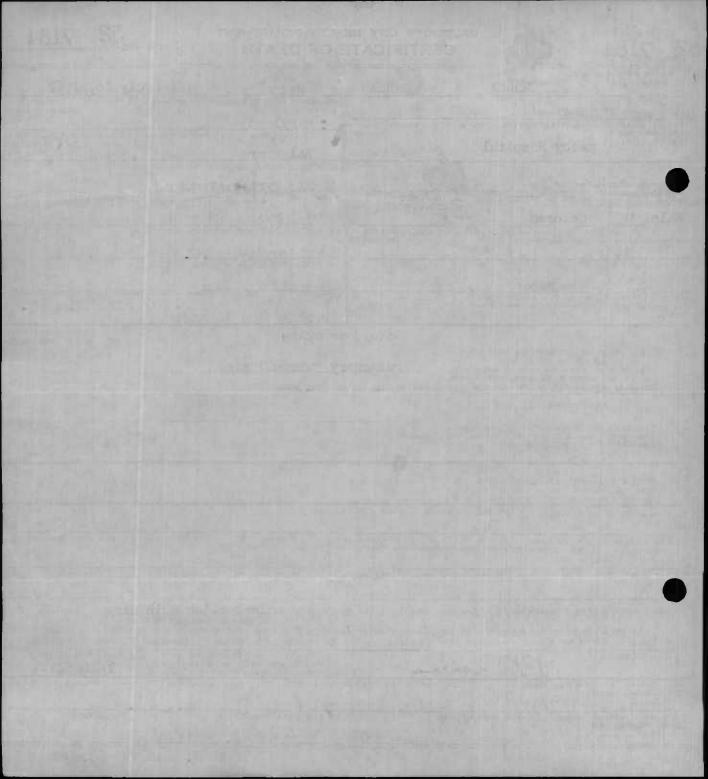
I. NAME OF DECEASED (Type or Print) GEORGE PHILIP LATNEY						OF JUDEATH	uly 29,	1952
A.		City, Maryland	al or instituti dealth	on, give street address or Service location)	4. USUAL RESIDENCE (VA. STATE Maryland C. CITY OR TOWN (If	Where deceased lived B. COUNTY	· I	before admission)
110	Wyman	Pk. Drive &	Slst St	reet	Baltimo	re L		township)
C.	angth of s	tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (IF 251 N.)	rural, give location Ionroe Stre		
	SEX	6.COLOR OR RACE	Sin	MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH 1/12/92	9. AGE (In years last birthday) 60	Months Da	Bys Hours Min.
OF	k done during most o		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CI	TIZEN OF LAT COUNTRY?
13	FATHER'S N	mas Latney			14. MOTHER'S MAIDEN N. Catherine ?	AME		
15 Ye	Yes	ED EVER IN U.S. ARMED (If yes, give war or dates WII - USA	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records - US PHS	Hospital,	ADDRESS Balto	s Md.
FRIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mean complication which complication to the above cause (A) //ING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT	'H f dying, e. g ns the disease aused death. ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(a) Caro (b) DUE TO (c) (c)				ERVAL BETWEEN SET AND DEATH 4 MOS.
AL C	TO THE D	ISEASE OR CONDITION	CAUSING IT	FINDINGS OF OPER	ATION			O. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK AT WORK 21c. WHERE DID (If in Baltimore City, give exact loc INJURY OCCUR?) 21c. WHERE DID (If in Baltimore City, give exact loc INJURY OCCUR?) 21c. WHERE DID (If in Baltimore City, give exact loc INJURY OCCUR?)								
	deceased at 23A. SIGNATURE Hu	nter, Clinica	10 52 will	and that death occur	ne 16 ,19 52to c red at 10:30AM from t 3B. ADDRESS S PHS Hospital, B		n the date	
D	AA. BURIAL, ON REMOVAL (S DUCLE ATE RECEIVE OCAL REGIST JUL 301	D BY L'REGISTERAR'S	52 SIGNATU		tion of Gm. 240 L 25. FÜNERAL DIRECTOR Mrs. Cohen	SA V 4. Elle	addr	
	VS 150	*	5	7746	4 1129	n. Can	ling.	A



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

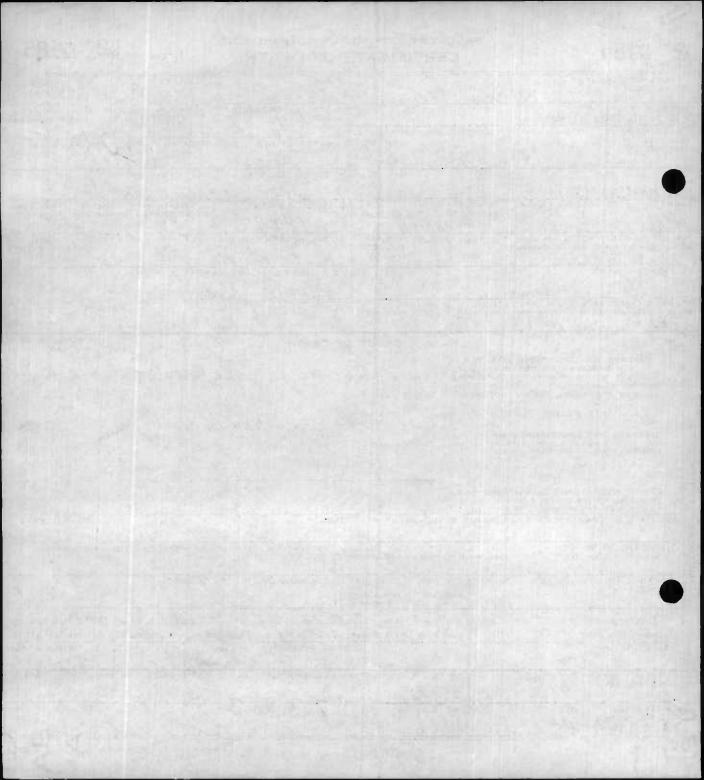
BIRTH	NO.						
	ME OF DECEAS r Print)	sed HAF	RRY	WARSAW	(Henry)	2. DATE OF DEATH JUL	y 26, 1952
	CE OF DEATH				4. USUAL RESIDEN	CE (Where deceased lived, B. COUNTY	If institution: residence before admission)
	imore City,		al or institut	tion, give street address or	Maryland	B. COONTT	7
HOSPIT	TAL OR			location)	C. CITY OR TOWN	(If outside corp rate li	mits, write EURAL and give
INSTIT	Me Me	ercy Hospi	ital	1886	Baltimore		township)
			- /	Yrs.		(If rural, give location)	
	gth of stay in	Poltimone		Mos.	196.		
5. SEX		LOR OR RACE	7 SINGI	Days Days	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
Male		Colored		VED, DIVORCED (Specify)	10/8/07	last birthday)	Months Days Hours Min.
		TION (Give kind of	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
9119	ainter	ag life, even if retired)		INDUSTRI	Darlington	d d	U.S.A.
-	THER'S NAME			Compti	14. MOTHER'S MAID		I Ve De Me
	William	Moncorr			Madeles a D		
		R IN U. S. ARMEL	FORCES?	16. SOCIAL	Mattie P		ADDRESS
(Yes, no or	r unknown) (If:	yes, give war or date	of service)	SECURITY NO.		1207 F	ABPRESin St.
Ye.	S I WO	orld War		1210-07-7569	Mattie Lee	Warsaw	
18.	002 X			CAUSE	OF DEATH		ONSET AND GEATH
	- /	R CONDITION	DIRECTLY				OHOLI AND OLAIN
	(This does not a	DING TO DEA'	TH of dving, e.	Pulmona	ry Tuberculos	is	
1	heart failure, ast	henia, etc. It mea	ns the disea	se,		***************************************	
	mjury or comp	meation which c	auseu ueat	h.) DUE TO			
	ANTE	CEDENT CAUS	SES				
Z	DISEASES OR	CONDITIONS, I	F ANY, GIVI	(B)	***************************************	***************************************	
e f	RISE TO THE AB	OVE CAUSE (A)	STATING T				
RTIFICATION	DINDERETING	CONDITION LA		(C)	••••••		
0		11					
E C		FICANT CONDI					He I THE PROPERTY OF
E T		HE DEATH, BUT OR CONDITION					
100	. DATE OF OP	THE R. P. LEWIS CO., LANSING, SALES	1 2 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FINDINGS OF OPER	ATION		20. AUTOPSY?
		- 0					YES NO X
DICA DICA TILL TILL TILL TILL TILL TILL TILL TIL	EXTERNAL C	AUSE WAS		ACE OF INJURY (e. g., is			y, give exact location)
O UNE		OR CONTRIB-	about bome,	farm, factory, atreet, office bldg., e	tc.) INJURY OCCUR?		
		(Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID II	NURY OCCUR?	
	INJURY	((Day (1 car)	(IIIII)	WHILE AT NOT WHILE	7	NOOK! OCCOK!	
			m.	WORK AT WORK			
22.	I certify the	at I took char	ge of the	remains described a	bove, held an ins	pection & inqui	iry thercon and from
	the enidence	e obtained hu	enid Ant	onen Inexpetion or I		topsy, Inspection or Inqui	the day stated above,
	and death i	n my opinion	resulted	from: natural causes	X, accident [], su	ieide [], homieide []	, undetermined .
23A	. SIGNATURE	ne	~	0		ICAL EXAMINER	23c. DATE SIGNED
		190	ors	ter M	.D. MEDICAL INVEST		7/26/52
24A. E	BURIAL, CREMA	- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 2	40. LOCATION (City, to	wn, or county) (State)
	rial	7/37/	52.	Balto. Nati	OTENT I DE	Balto. Md.	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE	RECEIVED BY	REGISTRAR	SSIGNAT		25. FUNERAL DIREC	TOR	ADDRESS
LOCAL	REGISTRAR	H 1:	+ 1	1/11.	6-7 3-4	C manna	
	<u> 11 3 0 195</u>	2 Junton	gron 1	VILLALIA MY	Arlington	S. Phillins	\ / =
V S 1	51			5643	V 1	308 N. Monro	e Street V



52 7185 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

NAME OF DECEASED	1/C . 2. DATE
Type or Print) OHN TRANCIS	WILLSON DEATH 7-28.52.
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address	
HOSPITAL OR location	C. Cit i OR 104414 (II outside corporate miles, write R RAY, and give
2108 GREEN HOUNT AVE.	PALTO. (township)
Yrs.	
E. Sength of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (in years It Under I Year II Under 24 Hours I last birthday) Months; Days Hours; Min.
MALE WHITE MARRIED	1894 557- Months Days Mours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
TORE PRO7. DRV-600D5.	WHAT COUNTRY?
3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM W.	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	HNNIE NORTON'-
(If yes, give war or dates of service) SECURITY NO.	17, INFORMANT ADDRESS
VES W-W-1-	1783. J.J. WILSON -
18. 470, / CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	planery Occhusion 2 hours
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
injury or complication which caused death.) DOE 10	
ANTECEDENT CAUSES	can any Issarthicience I me.
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
Simulation constitution and	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
	YES NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (c. g.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg	.etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
NJURY WHILE AT NOT WHIL	
m. WORK AT WORK	
	7-21-12, 19, to 7-26, 19, that I last saw the
	urred at 830 pm., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
M.D.	11 G Chare DY. 1.30.5)
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 1.31: SZ - (ASHED	RAL EM.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DURECTOR ADDRESS
1011 001052 It 1 + WII.	
The state of the s	Therelie foll & Soul
VS 150	Therelifely Son



2. DATE	
DEATH Jul	4 29 /52
	Institution : residence
B. COUNTY	before admission)
tside corporate line	cs, wr RURAL and give township)
ral, give location)	
aul	
9. AGE (In years last birthday) Mo	M Under I Yeer M Under 24 Hours onths Days Hours Min.
ign country)	12. CITIZEN OF WHAT COUNTRY?
	a.s.a.
1E	

20. AUTOPSY NO

2413

ONSET AND DEATH

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION France

YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or about home, (arm, factory street, office bldg., etc.)

21c. WHERE DUD. INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 195 4 that I last saw the hely 21, 1952, and that death occurred at 1215 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24c NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

aug DATE RECEIVED BY LOCAL REGISTRAR

deceased alive on_

WRERAL DIRECTOR

П

EDICAL

30/187	
DIDTH NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Register

52 7187

BIRTH NO.			CERTIFICATI	E OF DEATH		
1. NAME OF DEC	EASED				2. DATE	
		ARY	BOYD		DEATH JUL	ly 29, 1952
a. Baltimore Cit				4. USUAL RESIDENCE (Where deceased lived B. COUNTY	. If institution: residence before admission)
B. FULL NAME OF		l or institution	on, give street address or			
HOSPITAL OR INSTITUTION			location)	c. CITY OR TOWN	If outside corporate li	mits, write RURAL and give township)
	Baltimore !	City Ho		Baltimor		l .
			Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
	v in Baltimore		Days Days	1701 Pie	rce St/	
100000	COLOR OR RACE	7. SINGLE	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours Min.
female	colored	MAK	RIEG	11 48-1121	14	
10A. USUAL OCCL work done during most of w		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY!
HOUSCMH	•			BHLIIMORE	me	
13. FATHER'S NA	ME/			14. MOTHER'S MAIDEN	NAME	
CAMES	KEN/			LONA YIBL	35,	
(Yes, no or unknown)	EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	10. 0	ADDRESS
No				ETNA KENI.	1701 Pie	ICE 37
18. 954	7 and 6	42.2	CAUSE	OF DEATH		INTERVAL BETWEEN
	OR CONDITION D					ONSET AND DEATH
(This does n	EADING TO DEAT of mean the mode of	dying, e. g.	. Bilate	ral pleural effu	sion, massi	7e
heart failure,	asthenia, etc. It mean mplication which ca	s the disease		myocardial insuf	ficiency fo	llowing
	ITECEDENT CAUSE			atory arrest und		
	TECEDEIVI CAUSI	-0	(B)			
	R CONDITIONS, IF				••••••••••••	***************************************
UNDERLYIN	G CONDITION LAS	ът.	(C)			
L L		2	(0)		***************************************	
T OTHER SIG	II NIFICANT CONDIT	IONS CON-	Severe pr	eclamasa of tre	gnancy	
	THE DEATH, BUT N		Pregna	ncy		
U 19A. DATE OF			FINDINGS OF OPER	ATION		20. AUTOPSY?
July 2/	. 1952	Ca	esarean			YES X NO
U 21A. EXTERNAL	CAUSE WAS		E OF INJURY (e. g., in m, factory, street, office bldg., e	or 21c. WHERE DID (te.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
UNDERLYING THE	OR CONTRIB-		hospital	Baltimore Cit	y Hospitals	26/12
Z 21D. TIME (Mo	nth) (Day) (Year) (Hour) 2	IE. INJURY OCCURRE		-	
Tuly 24.	1952		NOT WHILE	X Therapeutic m	isadventure	
			emains described a		opsy	thereon and from
				Autopsy.	Inspection or Inquir	rv ·
and death	ice obtained by s	aid Autop	sy, Inspection or I	nquiry, find that said of	leccased died on	the day stated above,
23A. SIGNATUI		courted ji	2	23B. CHIEF MEDICAL		23c. DATE SIGNED
	130	I st	M.	D. MEDICAL INVESTIGATION	EXAMINER	July 29, 1952
24A. BURIAL. CRE	MA-I 248 DATE	24		RY OR CREMATORY 240.		
						vn, or county) (State)
BOR REMOVAL (Spec	8-1-5		MT. CALV.	ARY . O A.	A. COBNI	vn, or county) (State)
BURIAL DATE RECEIVED E	Y REGISTRAR'S	12/	MT. CALV.	ARY ATTOR	A. COUNTY	ADDRESS (State)
BURIAL	Y REGISTRAR'S	12/	MT. CALV.	W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A. COUNTY	, mt

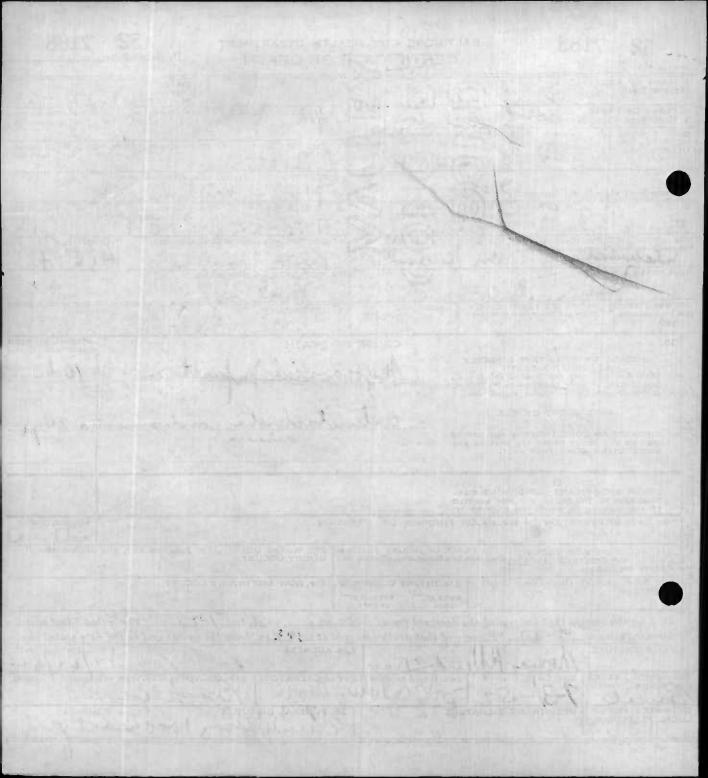
Decision, Naturnal Mortality Comm. National District

+425 52 7188

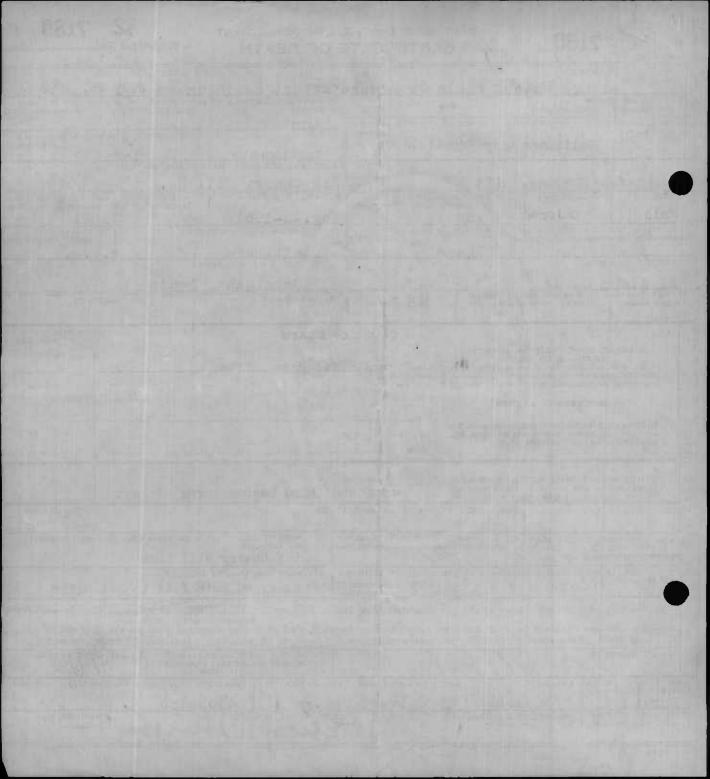
BALTIMORE CITY HEALTH DEPARTMENT

52 7188 Registered No.

BIRTH NO.	- OI DEATH
1. NAME OF DECEASED (Type or Print) Inala, Wilkens.	2. DATE OF DEATH ON IM 27, 1952
a. Baltimore City, Maryland Osler 3	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits wifte RURAL and give
JOHNS HOPKINS HOSPITAL	Baltingene, 7-0 township)
ength of stay in Baltimore > 900. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) 11 Under 1 Year 11 Under 24 Hours last birthday) Months; Days Hours i Min.
Female Caloned Widamed	1-16-82 70
IOA. USUAL OCCUPATION (Give kind of work done) uring host of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA) COUNTRY?
13. FATHER NAME	14. MOTHER'S MAIDEN NAME
John Inepen	mahaly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	JOHNS HOPKINS HOSPITAT
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	warm france 10 h
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	wistertie cudwanta 20 y
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	BIRTH NO.	4100	37 C	ERTIFICAT	E OF DEATH	Registered No.	
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	Type or Print)		m+ Basi	0 0 47 0 -	Dahama Dahama	2. OATE	אל זמלים
-3	PLACE OF D	EATH:	To DesT	e of Wious	o Robert Robins		
		City, Maryland			A. STATE	B. COUNTY	before admission
8	FULL NAME	OF (If not in hospit	tal or institution				
1	NSTITUTION	Baltimore (Htr Woen	location)	C. CITY OR TOWN (If	outside corpora e nimits.	write RURAL and gi
_		Dar ormore	or cy hosp	T VetT	Baltimore	60	townstill
P				Yrs. Mos.	D. STREET AOORESS (If	rural, give location)	
	ength of st	tay in Baltimore	Life	Days	519 Cherry Hil	1 Rd.	
-	. SEX	6. COLOR OR RACE	7. SINGLE,		8. DATE OF BIRTH	9. AGE (In years Hun	der 1 Year It Under 24 How
1	Male	Colored	Single	D, DIVORCED (Specify)	Aug3-1951	last birthday) Month	hs Days Hours Min
1	OA. USUAL OC	CUPATION (Give kind of	108. KIND O	F BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF
WO	rk done during most o	(working life, even if retired)		INDUSTRY			WHAT COUNTRY
1	None 3. FATHER'S N	IAME	Non	8	Raltimore 14. MOTHER'S MAIOEN NA	W.a.	S.A.
						ME	
-	Al Glen	n Goode			Geraldine	Beale	
(Y	es, no or nnknown)	D EVER IN U.S. ARMEI	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	No						
	18. F91	70		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEAS	SE OR CONDITION	DIRECTIV		o. DEATH		ONSET AND DEAT
		LEADING TO DEA	TH	Tutomati	tial Deservation		
	heart failu	not mean the mode ore, asthenia, etc. It mes	ins the disease,	(A)LILEEES.LI	tial Pneumonitis	***************************************	***************************************
-	injury or	complication which	caused death.)	DUE TO			
		ANTECEDENT CAUS	SES				
7	DISEASES	OR COMPLETIONS		(B)		***************************************	>>
ō	RISE TO TI	OR CONDITIONS, 1	STATING THE	DUE TO			
AT.	UNDERLY	ING CONDITION LA	AST.	(C)			
ERTIFICATION				``,			
브	OTHER S	II IGNIFICANT CONDI	TIONS CON-				
2	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	Second a	nd Third Degree Bu	irns of Feet	
CE		SEASE OR CONDITION F OPERATION 1		INDINGS OF OPER		AT A M.	20. AUTOPSY?
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H	UNDERLYING	G C ONTRIB.	about home, farm	, factory, street, office bldg., e	tc.) INJURY OCCUR?		
		AUSE OF OEATH.		ome		Hill Road	
Σ	OF INJURY	Month) (Day) (Year)		. INJURY OCCURRI			
ľ		1/24/52		NOT WHILE	Submerged bot	th feet in hot	. water
h	22. I certif	y that I took char	ae of the re	mains described a	bove, held an autor	OSV	thereon and from
					Autopsy, I	nspection or Inquiry	
	and dec	ath in my opinion	said Autops	y, inspection or i	nquiry, find that said dec	ccased died on the	day stated above
	23A. SIGNAT		1 Posterior	n. navara caases	23B. CHIEF MEDICAL E		OATE SIGNED
			LANGE	Vala	ASSISTANT MEDICAL E	XAMINER 7	/26/52
2	4A. BURIAL. C	REMA- 248. OATE	1240		D. MEDICAL INVESTIGATORY 24b. LO		
TI	ON, REMOVAL (SI	pecify)	W		· to		(2020)
_	Burial		952 M		Cem.,7 BBro	oklyn Md.	
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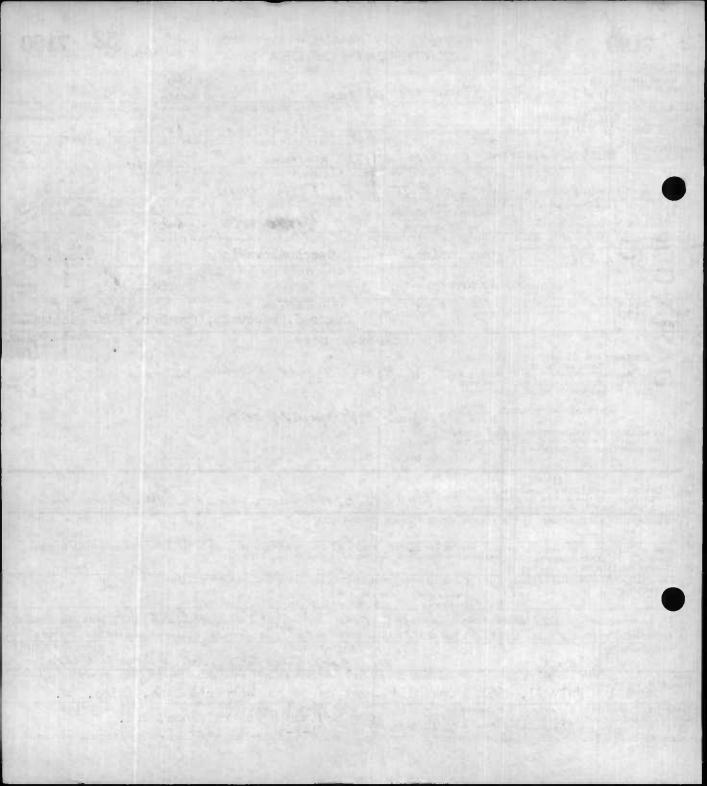


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7190

BIRT	TH NO.				CERTIFI	CATI	E OF DEATH	Registe	ered No.
	AME OF De or Print)		LOVSKY	, (Va	acoosky)	All	bert	2. DATE OF DEATH	7/28/52
	altimore		[aryland				4. USUAL RESIDENCE	CE (Where deceased li B. COUN	ived. If institution: residence ITY before admission)
B. FL HOS	FULL NAME OF (If not in hospital or institution, give street address located to the structure of the street address located to the structure of the street address located to the street a						C. CITY OR TOWN	(If outside corpora	te limits, write RURAL and give tawaship)
c	ngth of	stay in	Baltimore	dif	= 38 yr	Yrs. Mos. Days	D. STREET ADDRESS	dre St.	Jone 30
5. S	Male	6. COL	White	WIDOW	MARRIED. VED, DIVORCEI	D (Specify)	8. DATE OF BIRTH	9. AGE (In ye last birthda	ears I Under I Year II Under 24 Hours Months Days Hours Min.
			ION (Give kind of glife, even if retired)		of Business Business	S OR DUSTRY	Czechoslovak		12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S	NAME	Jame	s Vacor	vsky		14. MOTHER'S MAID		ra Bily
15. 1 (Yes, n	o or anknown	ED EVER	R IN U. S. ARMEI	FORCES? s of service)	16. SOCIAL SECURIT	TY NO.	17. INFORMANT James F. Vacov	rsky, brother	r, 1306 Beatty Ave
IFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Massive Hastre INternal hemore has the disease, injury or complication which caused death.) DUE TO (B) Underlying Origin DUE TO (C)							arhege This	
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. HYPERTENSIVE Cardio Vasculae Renal Disease 4 yrs								
_ _	9A. DATE	OF OPE	RATION 1	9B. MAJOR	FINDINGS C	OF OPER	ATION		20. AUTOPSY?
		R CON	AS UNDER-		ACE OF INJUR form, factory, street,			(If in Baltimore	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NORK AT WORK 22. I hereby certify that I attended the deceased from fully 28, 1952, to fully 28, 1952, that I last said deceased alive on fully 28, 1952, and that death occurred at 125 fm., from the causes and on the date stated at									
							, 19 , that I last saw the		
2	23A. SIGNA	Myu	bouway			M. D. 2	South Rette	ware Gent 1	23c. DATE SIGNED 1/28/52
24A TION	REMOVAL (Buria	Specify	July 31,		Oak Hill		tery Ho	rner's Lane	
	E RECEIVE		REGISTRAR	glow	Vettacus,	Mi	Schimunek Fur 2601-3-5 E. M	ral Home.	Inc.
	VS 150	0015		U	- 5	00	14		



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BII	RTH NO.		CLI	KIII ICAI	L OI BEATH		
	NAME OF D ype or Print)	John Pink				2. DATE OF DEATH 7-30.	52
B. I	PLACE OF D Baltimore (FULL NAME OSPITAL OR STITUTION	OF (If not in hospit Baltimor	al or institution, given City Hos	ve street address or pl tal (cation)	d. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
	ngth of s	tay in Baltimore	1	Yrs. Mos. Days	1301 Dundal		
Ma	sex ale	6. COLOR OR RACE	51	RRIED, IVORCED (Specify)	Sept. 16.184	9. AGE (In years last birth 1) Mon	nder I Year If Under 24 Hours the Days Hours Min.
14	alrono		Ballo Co	SUSINESS OR HISUSTRY	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	FATHER'S	homos			14. MOTHER'S MAIDEN I	Marie	
15. (Yes.	, mo or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date		SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Record	AD	DRESS
	(This does heart failu	E OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mea	TH f dying, e.g., ns the disease,		OF DEATH	iemorrhage	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) /ING CONDITION LA	ANY, GIVING	(B) B1(eding peptic ulo	xer	3
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	Hypert	ensivo Cardio Va	ascular Disease	Yrs.
SAL	19A. DATE O	F OPERATION 1	98. MAJOR FINE	INGS OF OPER	RATION		YES NO
MEDICA	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home, farm, fac		etc.) INJURY OCCUR? ED 21F. HOW DID INJUR	(If in Baltimore City, given RY OCCUR?	ve exact location)
	22. I hereb deceased al 23A. SIGNAT	y certify that I att live on July 30	ended the decea	hat death occur	y 22 , 1952, to J rred at 12.3544 rom 38. ADDRESS 4940 Bastern Av	the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 7-30-52
1	A SURIAL CALLES OF THE PECEIVE CALLES OF THE PECEIVE CALLES OF THE PECEIVE CALLES OF THE PECEIVE	DEY REGISTRAR	2 24c. N 2 Signature gton Will	acted ious, My		allemoy	
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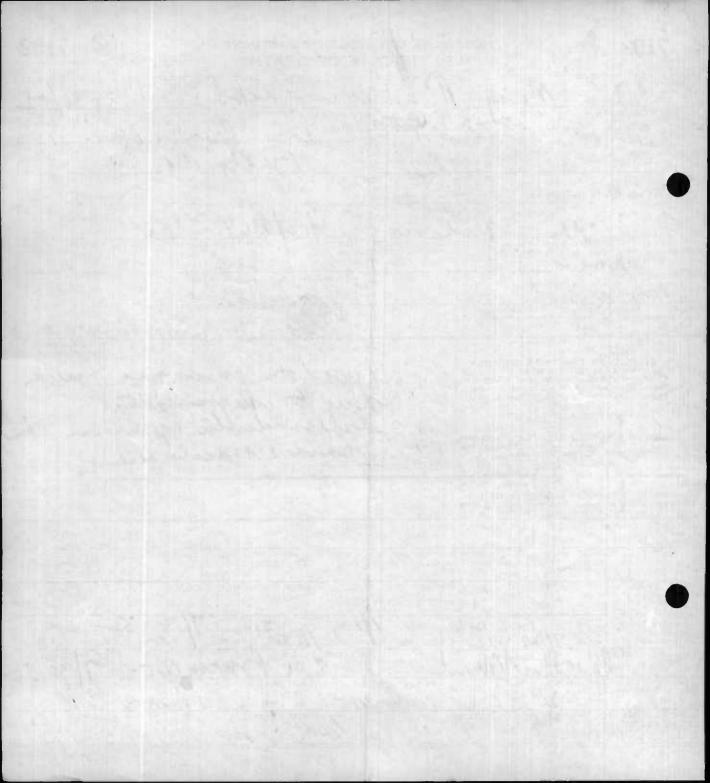
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PARKS
BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH	NO.	CERTIFICATI	E OF DEATH	Registered No.	4 - 4
1. NAM (Type o	E OF DECEASED Mary	1 ather	in Prip	2. DATE OF DEATH	4 30/52
	imore City, Maryland 224;	Frentes Pl	4. USUAL RESIDENCE	(Where deceased lived. If ins	tilution: résidence before admission)
B. FULI HOSPITINSTIT		ion, give street address or location)	c. CITY OR YOWN	Troutside corporate limits, v	write RURAL and give
c. Cell	rth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS ((If rural, give location)	
5. SEX	· W. Was	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year Hours Min.
10A. US	UAL OCCUPATION (Give kind of 10B. KINI uring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BINTHPLACEI(State of	r foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13. FAT	hers name		14. MOTHER'S MAIDEN	NAME	
15. WAS	DECEASED EVER IN 0. S ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	C. Lasti	PRESS 210 Wast &
Z E	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e. geart failure, asthenia, etc. It means the disease anjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE ABOVE CAUSE	7, (A)	prolotis p we to m sterrely	neummes grandetes. die hypsule scalarles.	INTERVAL BETWEEN ONSET AND DEATH
U T	THER SIGNIFICANT CONDITIONS CON RIBUTING TO THE DEATH, BUT NOT RELATE O THE DISEASE OR CONDITION CAUSING I	T			
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O LY		ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e		(If in Baltimore City, give	exact location)
0	INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID INJU	JRY OCCUR?	
dec	I hereby certify that attended the eased alive on 7/29, 1952.	and that death ockur	red at_O_nam., from	the carses and on the	hat I last saw the date stated above. 23c. DATE SIGNED
DATE F	MOVAL/(STIPECITY) RECEIVED BY REGISTRAR'S SIGNATION	M. D. 240. NAME OF GEMETE! DRE	RY OR CREMATORY 2 AD.	LOCATION City, town, or Salumoy	county (State)
10	REGISTRAR 1952 Huntington /	KHELLER, ME	Moohn	V 1211/19t	Toul &



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO N. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give township) HOSPITAL OR C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 04 Days 6. COLOR OR RACE | 7. SINGLE, MARRIED, If Under 1 Year 9. AGE (In years) If Under 24 Hours Months Days Hours Min. WIDOWED, DIVORCED (Specify TOA. USUAL OCCUPATION (GIVE XINION) MB. KHND OF (State or foreign county) work done during most of working life, even if retired BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? FATHER'S NAME mer MAIDEN NAME MAS DECEASED EVER IN TO, S. ARMED FORCES?
Yes. og or unknowo) (If yes. give war or dates of service) 16 SOCIAL (Yes, og or unknowo) SECURITY NO 561.0 CAUSE OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OBERATION 20. AUTOPSY DICA YES 218. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) ZIA. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! m. WORK AT WORK to Du July 2 22. I hereby certify that I attended the deceased from. 19 . 19 that I last saw the 15p.m., from the cluses and on the date stated above. deceased alive on July 28, 19 5 and that death occurred at le 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 28 Loone M. D 24A, BURIAL CREMA-TION, REMOVAL Specify) NAME OF CEMEPERY OF OCATION (City, town, of count 24B DATE DATE RECEIVED BY REGISTRAR'S SIGNAT 25. FUNE ADDRESS LOCAL REGISTRAR

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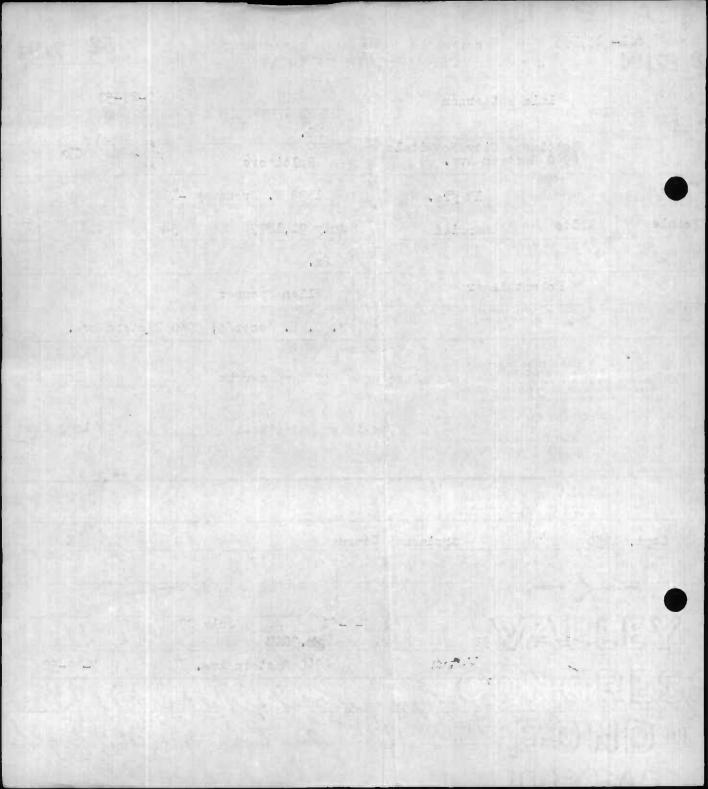
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

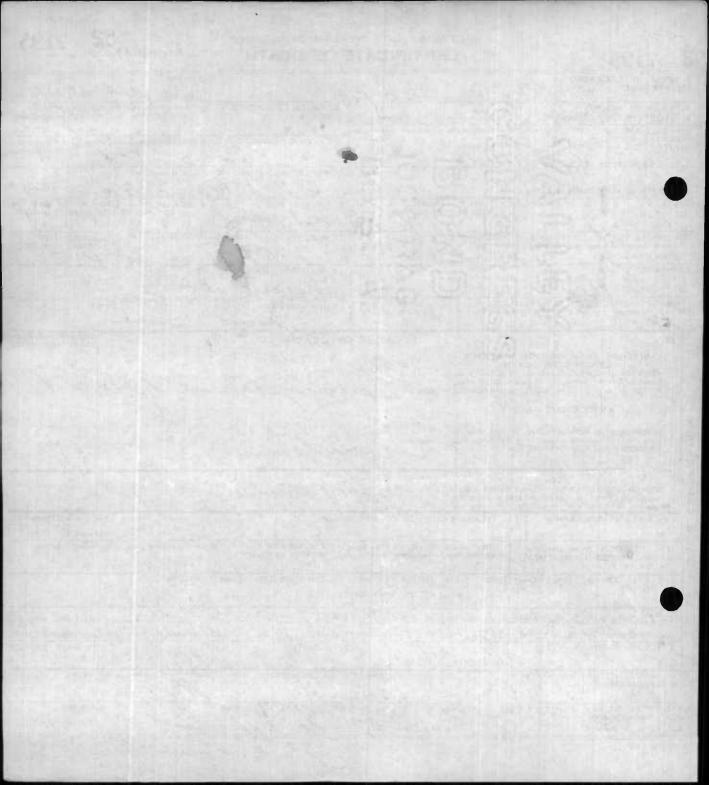
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF Lula Patterson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospital incation) C. CITY OR TOWN (If outside corporate limit, write RUTAL and give INSTITUTION 1940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1533 N. Broadway -13 ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. Female July 31,1897 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Sager Ellen Krommes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no nr unknowo) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. B. C. H. Records, 4940 Eastern Ave. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., ACarcinoma of the cervix long time heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Possible Metastasis long time FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL Sept. 1950 Carcinoway Uterus 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 3-7-52 19____ to July 29 . 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 1117 29 , 1952, and that death occurred at 2.30Mm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Eastern Ave. M. D. REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY REGISTRANS SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR



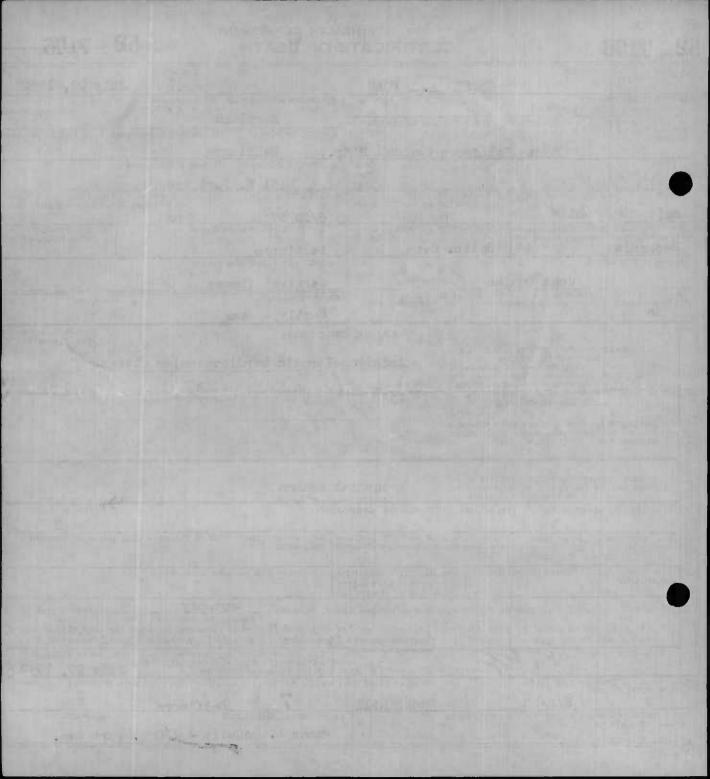
BALTIMORE CITY HEALTH DEPARTMENT 52 7195

2	RTH NO. 9	5		CERTIFICATI	E OF DEATH	Registered I	No
1.	NAME OF C	DECEASED Hall		H		2. DATE OF	6. 3 P (SO)
		Hele	n C	· Marriso	4. USUAL RESIDENCE (DEATH /	ly 21,1952
	Baltimore	City, Maryland	Belte	norl, 2nd.	A. STATE	B. COUNTY	before admission)
	FULL NAME			tion, give street address or location)	Md.	(1011
	STITUTION	south Ba	etim	ore	c. CITY OR TOWN (I	if outside corporate imi	ts mrite RURA II and give township
	Gane	nal Mosf	ital	Yrs.	D. STREET ADDRESS (II	f rural, give location)	7
7	10.00	,		Mos.	0031		#20
9	ngth of s	stay in Baltimore	7 SINGL	Days E. MARRIED.	8 S Para	1/11	If Under 1 Year If Under 24 Hours
٥.	F.	W.		WED, DIVORCED (Specify)		last birthday) M	onths Days Hours Min.
		CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
worn	Houes we	of working life, even if retired)	N. COLL	INDUSTRY	N.Y.		WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN N	NAME	
	J	· Lastay			Susame	Brady	
15 (Yes	, WAS DECEAS	ED EVER IN U. S. PRMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	Mo.			02001111101	- Thur	Vane	
	18. 60	4 × .	STATE OF	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		1,			
	(This doe	LEADING TO DEA's not mean the mode		E., (A) MIL	rma	***************************************	di days
		ure, asthenia, etc. It mes complication which			morphies	in like	70
					10000		
7	THE STATE	ANTECEDENT CAUS	SES	(8)			
Ó		S OR CONDITIONS, I			0 0 1	***************************************	• • • • • • • • • • • • • • • • • • • •
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CA				(c)		***************************************	
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ERTI		SIGNIFICANT CONDI			Westrition		
S	TO THE	DISEASE OR CONDITION	CAUSING	IT.		Carlotte and the second	COST CONTRACTOR
	19A. DATE	OF OPERATION 1	98. MAJOF	R FINDINGS OF OPER	RATION		20. AUTOPSY?
CA		71	I ale Bi	ACE OF INJURY (e. g., i	n or 21C. WHERE DID	(If in Baltimore City,	YES NO L
EDICA		DENT WAS UNDER- OR CONTRIBUTING DEATH		farm, factory, street, office bldg.,		(II III Ballimore Oity,	give exact location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK		belle AP 100	Lethat I last saw th
	22. I herel	by certify that I at	tended the	deceased from Ju	7, 1926, 10		
	23A. SIGNA		_, 19	and that death occur	238. ADDRESS	the causes and on t	he date stated above
	25A. 310NA	I Sold I	Mas		(R.G	. H.	7-29-52
2	4A. BURIAL	CREMA- 246 DATE	7000		RY OR CREMATORY 24D.	LOCATION (City, town	or county) (State)
TI	ON, REMOMENL	Specify)	52	On do	4/11	13/110	
D	ATE RECEIVE	ED BY REGISTRAR	'S SIGNAT	URE/	25. FUNERAL DIRECTOR	1	ADDRESS
L	DOM REGIS	4892 Hunte	noton	Williams 115	1	· due	
-	30F 31	1302	1	manus, Nr.	Var. V. an		
	VS 150			(130€,7	To at A	18_

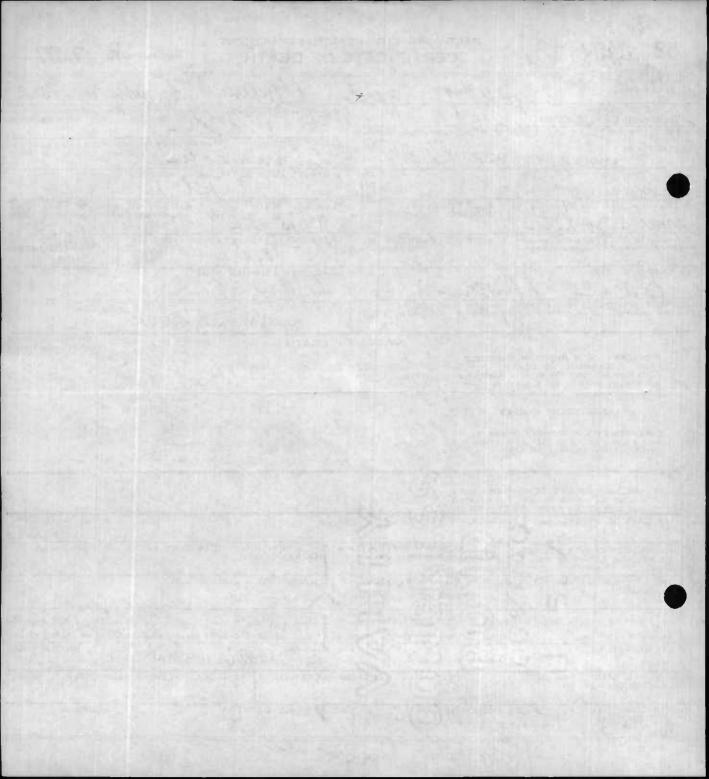


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 7190

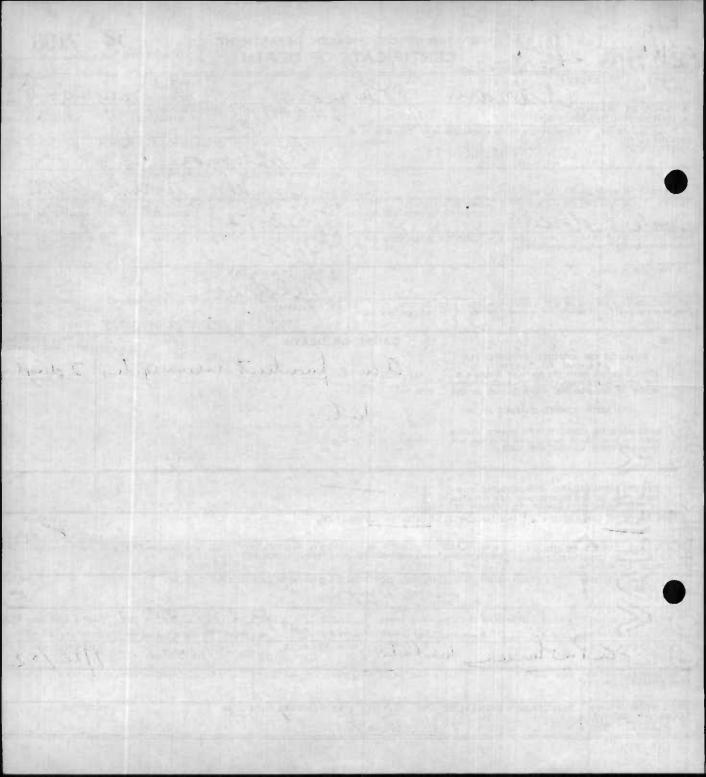
1/8	RTH NO.)		CLIVIII ICAII	L OI BEATH	0 100	71.00
	NAME OF DI	ECEASED				2. DATE	
			EDWAR	D H. DUNGAN			fuly 29, 1952
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (W	There deceased lived, I B. COUNTY	If institution: residence before admission)
В.			al or institut	ion, give street address or location)	Maryland		
IN	INSTITUTION				7) (township)	
-		South	Baltimo	re General Hos	o. STREET ADDRESS (If:		
	enoth of st	tay in Baltimore		Mos.			
	SEX	6. COLOR OR RACE	7. SINGLI	Days E. MARRIED,	131 E. For	9. AGE (In years)	# Under 1 Year If Under 24 Hours
1	nale	white	WIDOW	VED, DIVORCED (Specify)	6/29/97		Months Days Hours Min.
10	A. USUAL OC	CUPATION (Givekind of	10B. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	I 12. CITIZEN OF
	done during most of Mechanic	f working life, even if retired)		INDUSTRY			WHAT COUNTRY?
-	FATHER'S N	IAME	Darte	or or cy	Baltimore 14. MOTHER'S MAIDEN NA	AMF	
		John Dun	00 m				
15	. WAS DECEASE	D EVER IN U. S. ARMEL		16. SOCIAL	Margaret Thomas		
(Ye	No No or unknown)	(If yes, give war or date		SECURITY NO.	17. INFORMANT Family - Same		ADDRESS
	18. 42:	2.1	HIES	CAUSE	OF DEATH	Harris III	INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	not mean the mode of	of dying, e. s	Arterio	sclerotic cardiova	ascular disc	ase
Ш	heart failus injury or	re, asthenia, etc. It mea complication which c	ns the diseas	se,			
		ANTECEDENT CAUS	FC	THE RESIDENCE			
-				(B)			
ő		OR CONDITIONS, II					
Fb		ING CONDITION LA		(C)			
Ö						***************************************	
ERTIFICATION	OTHER SI	II IGNIFICANT CONDI	TIONS CON	4.			
R		TO THE DEATH, BUT SEASE OR CONDITION			al asthma		
Ü				FINDINGS OF OPER	ATION		20. AUTOPSY?
Ļ		N.					YES X NO
ICA		AL CAUSE WAS		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (II	in Baltimore City,	give exact location)
EDIC	UTING C	AUSE OF DEATH.			William Cooking		
Σ	210. TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
r	ראטנאו יוס		m.	WHILE AT NOT WHILE			
L	22. I certif	y that I took char	ge of the	remains described a	bove, held an auto	opsy	thereon and from
					Autopsy, I nquiry, find that said de	nspection or Inquiry	
н	and dea	th in my opinion	$rcsulted_f$	rom: natural causes	accident , suicide	\square , homicide \square ,	undetermined .
	23A. SIGNAT	URE YRK	K	0	238. CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINER 2	3c. DATE SIGNED
	A. BURIAL, CI		12	24C, NAME OF CEMETER	D. MEDICAL INVESTIGATORY 240. LC	CATION (City, town	July 29, 1952 n, or county) (State)
TIC	n, removal (Sp B	8/2/52			0 0 9 1 0	A	
DA	TE RECEIVED	BY REGISTRAR'S	SIGNATU	Gedar Hill	25. FUNERAL DIRECTOR	ltimore	ADDRESS 1
LC	CAL REGISTR	RAR Hunting	too W	141	James L. McCull	770 F	
H	[4, 2 1 195		1000	malle M	-ornes T. MCCUII	y = 130 E.	FORT AVE.
V	S 151	-			1/03		



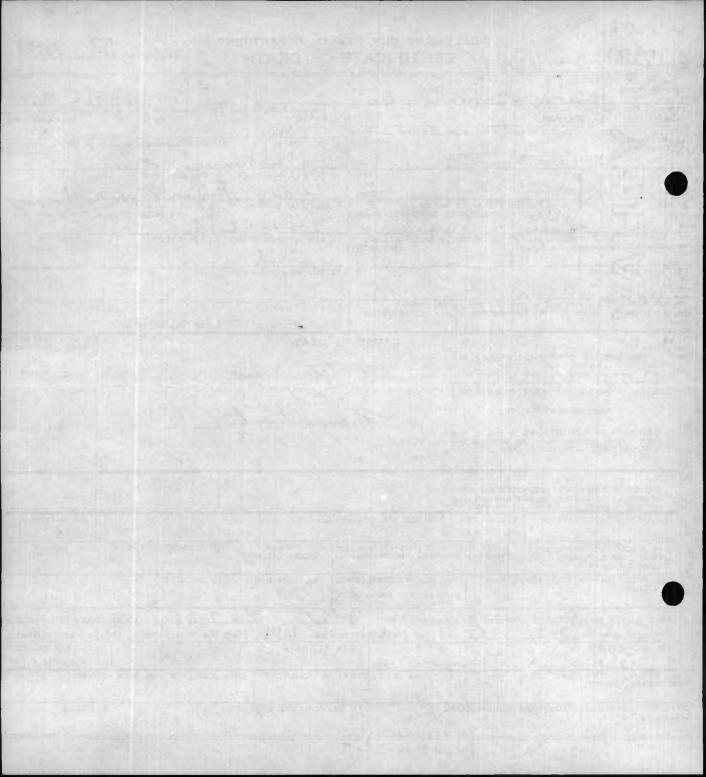
-620	
	E OF DEATH Registered Ro. 7197
1. NAME OF DECEASED (Type or Print) Baby Jul	Myero 2. DATE why 16, 1/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where decreased lived. If institution residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
JOHNS HOPKINS HOSPITAL	Amapolis township)
Yrs. Mos. Days	D. STREET ADDRESS (If purel, give location)
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year It Under 24 Hours I last birthday) Months Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Is was person even in the	- Mary!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
/ / G X	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	111117 U1151 2d 11 VI
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	1701111 of your Cinter
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., office b	
CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE ME WORK AT WORK,	
22. I hereby certify that I attended the deceased from 1	19 5, to hay 14, 195, that I last saw the
deceased alive on 199, 199, and that death greun	rred at f m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED
Mrc of M.O.	JOHNS HOPKINS HOSPITAL
24A. BURIAL, CREMA, 24B. DATE 110N. REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR THE THE METERS OF THE PROPERTY OF THE P	25. FONEHAL DIRECTOR ADDRESS
VS 150 / Fapilal Pis	posal



5	14.9448 - 1000	CERTIFICAT	EALTH DEPARTMENT	52 Registered No.	7198
(T	NAME OF DECEASED (drian	- John	nson	2. DATE OF DEATH Suly	20,1952
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESPONDE (V	Where deceased lived. If inst B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institut SEPITAL OR STITUTION JOHNS HOPKINS HO	SPITAL location)	Dalten	outside torporat light	Tite RURAS and give township)
	length of stay in Baltimore	Yrs. Mos.	o. STREET ADDRESS AT	rural, give location)	ChiE
5,	SEX GOLON OR RACE 7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 7-12-52	9. AGE (in years Unda last birthday) Month	of 1 Year II Under 24 Hours S Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BLRT UPLAGE (State or fo	oreign country) 12	CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME		Medreo	AME	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. rheart failure, asthenia, etc. It means the disease injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	E, (A) Deut (B) Lu (B)	of DEATH TE furulent in	rewigitis	INTERVAL BETWEEN ONSET AND GEATH
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IN	EO			
AL	19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		YES NO
IEDICAL		ACE OF INJURY (e. g., in farm, fectory, street, office bldg., e		If in Baltimore City, give	exact location)
Σ	INJURY	21E. INJURY OCCURR WHILE AT WORK AT WORK	21f. HOW DID INJURY	y occur?	
	22. I hereby certify that I attended the		red at / m., from t.	he causes and on the	hat I last saw the
	23A. SIGNATURE Due		JOHNS HOPKINS	1 2	30 DATE SIGNED
TIC	A. BURIAL, CRÉMA- N, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
D/ LC	TE RECEIVED BY REGISTRAR'S SIGNATURE OF THE STRANGE TH	Williams, My	23. FUNERAL DIRECTOR	6	DDRESS
	VS 150	3			



1	500							
20	7199 RTH NO.	52-166			EALTH DEPARTMENT E OF DEATH	Registered N	52	7199
	NAME OF Di	Malm.	hine	9		2. DATE OF DEATH	122	1950
	PLACE OF DE Baltimore C	ity, Maryland			4. USUAL RESIDENCE			residence ore admission)
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)		(If outside corporate limits	Avrite I U	RAL and give
	13	IOHNS HOPKINS	HOSPIT	AL Yrs.	D. STREET ADDRESS	If rural, give location)		township)
C		tay in Baltimore		Mos. Days	2015 2	E. Bultima	no. 51	_
5.	SEX Come On	6. COLOR OR RACE		ED, DIVORCED (Specify)	7-17-51	9. AGE (In years line) last birthday) Mon	under I Year nths Days	Hours Min.
10 work	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	r foreign country)	12. CITIZ WHAT	EN OF
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME		
15	home	DEVER IN U. S. ARMEI						
(Ye	e, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	JOHNS HOP	PKINS HOSPITAL	DDRESS	
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O	TO THE DI	SEASE OR CONDITION	CAUSING IT		ATION		20. /	AUTOPSY?
DICAL	ALL AGGIN	- Y	l 21a DIA	CE OF INJURY (e. g., l	n or 21c, WHERE DID	(If in Baltimore City, g	YES	
MED		ENT WAS UNDER- CONTRIBUTING DEATH		srm, factory, street, office bldg.,		(II in Datamore Orey, g	ive exact	iocation)
4	INJURY	Month) (Day) (Year)	` '	HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?		
	22. I hereby	certify that I att	ended the	deceased from	1-22, 1952, to	7-22 , 1958	that I l	ast saw the
	23A. SIGNAT	len B.	Fly	M. D.	JOHNS HOPKINS		23c. DA	ated above. TE SIGNED 25/52
TIC	IA. BURIAL, C ON, REMOVAL (S)	REMA. 248. DATE pecify)	0 2	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county)	(State)
	TE RECEIVED REGISTR 11 VS 150		s signatu	Williams 15	25. FUNERAL DIRECTOR	9 7	ADDRESS	S
		+ spiral	0	US PUSIC				



2	7250-160804	BALTIMORE CITY HE		r Registered	7200
1.	NAME OF DECEASED Type or Print) Pewers— Baby	Girl- Juanita		2. DATE OF DEATH 7-12	2-52
A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	institution, give street address or	4. USUAL RESIDENCE (A. STATE Md.	Where deceased lived, I B. COUNTY	f institution: residence before admission)
	OSPITAL OR Baltimere 4940 Maste	City Hospital gration)	c. CITY OR TOWN (I	If outside corporate limi	twwrit RUBAL and give township)
6		Yrs. Mos. Days	D. STREET ADDRESS (I		
34	male Negre	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 6, 1952	9, AGE (In years last birthday)	onths Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	Anthony Se	ay	14. MOTHER'S MAIDEN N		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FO (If yes, give war or dates of se	RCES? 16. SOCIAL ervice) SECURITY NO.	17. INFORMANT B. C. H. Recor		ADDRESS
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ECTLY ing, e.g., ne disease,	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING TING THE DUE TO	er's Disease aturity		4 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
DICAL	21a. ACCIDENT WAS UNDER- 2	MAJOR FINDINGS OF OPER.	or 21c. WHERE DID	(If in Baltimore City,	yes No give exact location)
MED	LYING OR CONTRIBUTING about CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Houndless of Death INJURY)	out home, farm, factory, street, office bldg., e ur) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	(c.) INJURY OCCUR?		
	22. I hereby certify that I attend deceased alive on 23A. SIGNATURE	ed the deceased from Su 52 , and that death occur	red at 8.35mArom	July 12, 19_5 the causes and on t	the date stated above.
	Ch. C	logas "	4940 Mastern	Ave.	23c. DATE SIGNED

24C. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

B. C. H. Crematery

REGISTRARIO SIGNATURA VIlliams, M.

24D. LOCATION (City, town, or county)

4940 Eastern Ave.
ADDRESS

(State)

DATE RECEIVED BY

24a. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 7-24-52

PROPERTY OF THE SECOND and and - fed amount edution or seatched A CONTRACTOR OF A BUSHELLE. 1 ---a higher to regard a misma Argo: office from I am a like CO THE WASHINGTON THE WAR CALL THE PART OF STATE

500				
FO MOOA	ICATE OF DEATH Registered No.	7201		
1. NAME OF DECEASED (Type or Print) Boone- Baby Boy- Ro	osalie 2. DATE OF 7-1	3-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence befere admission		
B. FULL NAME OF HOSPITAL OR INSTITUTION AND AND ADDRESS OF THE PROPERTY HOSPITAL AND AND ADDRESS OF THE PROPERTY HOSPITAL	Address or location) C. CITY OR TOWN (If outside an jordic limits Baltimore	RAL and giv township		
c. Length of stay in Baltimore Life	Yrs. Mos. Bays 301 S. Sharp St.			
S. SEX MALE Negro 7. SINGLE. MARRIED. WIDOWED. DIVORCED SINGLE	D (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Mon	nder 1 Year if tinder 24 Hours ths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of tops) 10B. KIND OF BUSINESS work doos during most of working life, even if retired)	Baltimore, Md.	2. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Vernon Junior Boohe	14. MOTHER'S MAIDEN NAME Rosalie Wiley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give war or dates of service) SECURIT	B.C.H. Records 4940 E ste	oress ern Ave.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	AUSE OF DEATH Prematurity	INTERVAL BETWEEN		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.				
19A, DATE OF OPERATION 198 MAJOR FINDINGS OF		20. AUTOPSY?		
21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY About home, farm, factory, street, of CAUSE OF DEATH	Y (e. g., io or office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give office bldg., etc.)	re exact location)		
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF WHILE AT HE	OCCURRED 21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 7-13-, 1952, to 7-13-, 1952, that I last saw the deceased alive on 7-13-, 1952, and that death occurred at 10:45 h. from the causes and on the date stated above.

23B. ADDRESS

23A. SIGNATURE

4940 Eastern Ave.

7-30-52 SIGNED

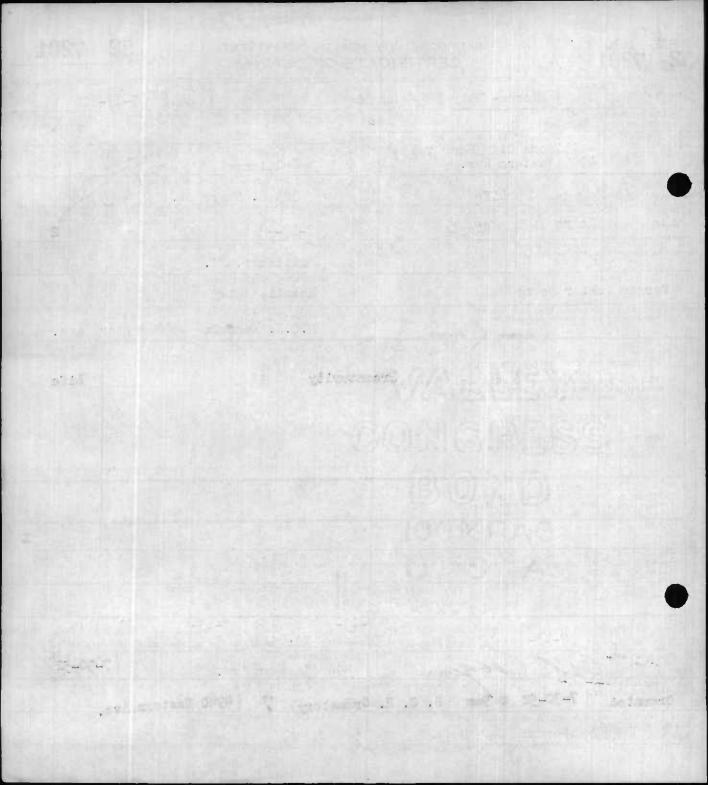
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24D. LOCATION (City, town, or county) 4990 Eastern Ave

DATE RECEIVED BY

B. C. R. Crematory | 4

VS 150



1	3	2	,
52	7	1202	
BIRT	H N	0.	

52 7202 Registered No.

BIKTH NO.		
1. NAME OF DECEASED TOSEPH LEYI-	7 Z 2. DATE OF 7-3	11-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased fived. If in	stitution : residence before admission)
B. FULL NAME OF Alf not it hospital or institution, give street address or location		- 24
INSTITUTION 7714 GAR QUE	C. CITY BY TOWN (In dueside corporate in its	thwiship)
Yrs.	D. STREET ADDRESS (If rural, give location)	
ngth of stay in Baltimore 33	7714 Forest Park	a does
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years If Un	der I Year If Under 24 Hours hs: Days Hours Min.
male white pridowed	1 14	ns Days Hours Mill.
10A. USUAL OCCUPATION (Give kind of 10B) KIND OF BUSINESS OR work done during most of working life, eyen if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
Merchant Doneral Md	e alto	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	freras	
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	M. MFORMANT ADD	RESS
GAUGE	Dows Tours -	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	terroclerate Hear Moure	2yr.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		~ // · · · · · · · · · · · · · · · · · ·
ANTECEDENT CAUSES		12.000
L MAILE '91 91 0 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		*** ***********************************
OTHER SIGNIFICANT CONDITIONS CON-		The state of the state of
U TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimore City, giv	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
MHILE AT NOT WHILE AT WORK AT WORK		
A	1. 30- 01 1. 1. 31	that I last saw the
deceased alive on why ye 19 2 and that death occu		
23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
1) Much of the fam M. D.	73 10 curiu 1- (1-31-20
240 BURIAL, CREMA- 24B. DATE 1979, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	FUNERAL DIVECTOR	ADORESS II
LOCAL REGISTRAR	CON LOUIS DO - 5 . A	To the
31 7957 Immungion Vallacus, My	were present x 1000	une /x
VS 150		

J. M300	RE CITY HEALT	H DEPARTMENT F DEATH	Registered N	R. 7203	
1. NAME OF DECEASED (Type or Print)	DMAN		2. DATE OF DEATH	30/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. S	SUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION SINAL	lana Aira VI	Balfu	outside corporate limit	RURAL and give township)	
ngth of stay in Baltimore	YO Mos-	3/38	ural, give location)	Ave	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIV	ORCED (Specily)	ATE OF BIRTH	9. AGE (In years Molast birthday) Mo	Under I Year nths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BU work done during most of working life, oven if retired)	SINESS OR 11. E	BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
13 PATHER'S NAME OF THE STATE O	14.	MOTHER'S MAIDEN NA	ME		
15. MAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no dr onknows) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.					
18. 760 X	CAUSE OF I	DEATH	Re TOUR DE	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DU	A, Myseard	lial Tufare	Hou	9 d	
ANTECEDENT CAUSES	B, Cor. ae	elusian -	HABCUE)	
UNDERLYING CONDITION LAST.	e to Diakek	es Melitus	>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			la se est		
194. DATE OF OPERATION 198. MAJOR FINDIN	NGS OF OPERATIO	N		20. AUTOPSY?	
		21c. WHERE DID (I	f in Baltimore City, s	YES NO X	
	NOT WHILE	21F, HOW DID INJURY	OCCUR?		
22. I hereby certify that I attended the decease		7.1, 19 V, to	/	that I last saw the	
deceased alive on July 29, 19 3, and the 23A. SIGNATURE Cauly Ouk A		DDRESS / /	ie causes and on the	ate stated above	
244 BURIAL, CREMA- 248. DATE 240 NA		CREMATORY 240. LC	CATION Sity, town,		

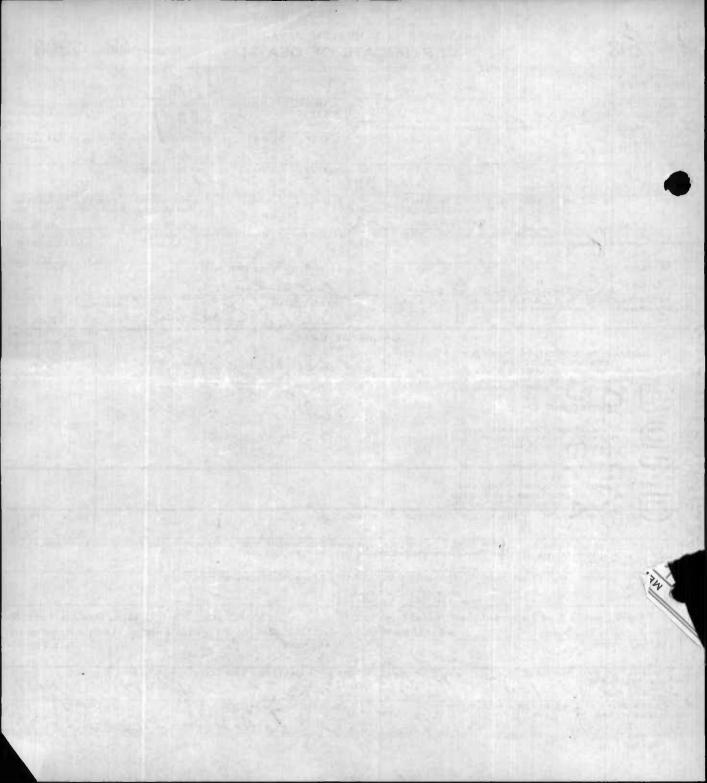
5 FUNERAL DIRECTOR

ADDRESS

VS 150

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

Huntington

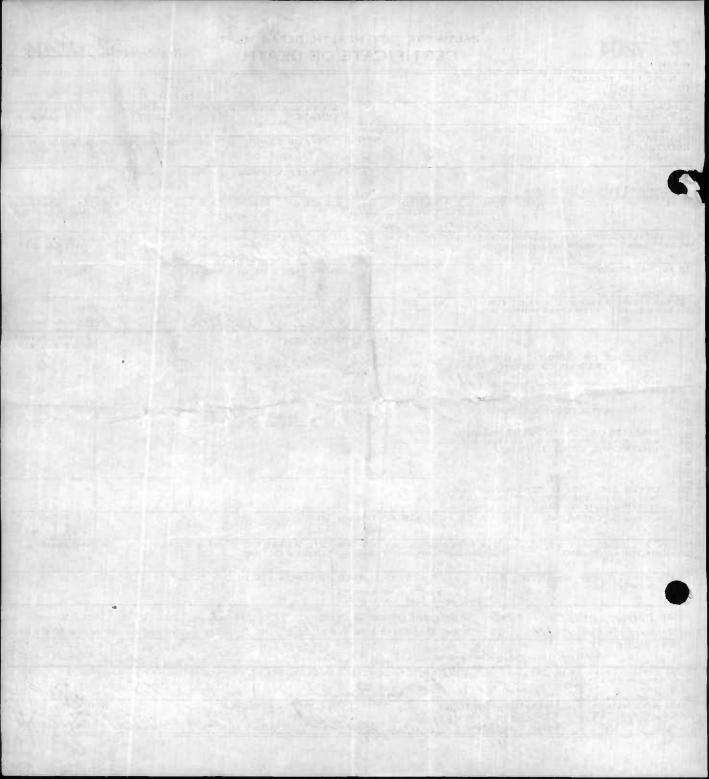


52 7204

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7204

_							
1. NAME OF DECEASED (Type or Pains) I. STEIN						2. DATE OF DEATH 3	July 1952
	PLACE OF DI Baltimore C	ity, Maryland			4. USUAL RESIDER	NCE (Where deceased lived B. COUNTY	
H	FULL NAME (OF (If not in hospita	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corno sto	mits, write RURAL and give
IN	STITUTION_	teran Hosp	· 1	med. Iner	Back		township)
1				CL Yrs. Mos.	o. STREET ADDRES		2
5	sex	tay in Baltimore	7 SING	Days E. MARRIED.	8. DATE OF BIRTH	19. AGE (In year)	S H Under 1 Year H Under 24 Hours
	M	W	mo	VED, DIVORCED (Specify)	17 Jan. 18	last birthday) 54	Months Days Hours Min.
10 work	done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (SE	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	I Reefer			14. MOTHER'S MAII	DEN NAME	NUSA
_	Helen	(0)			Len	2	
15	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	11-	ADDITESS
	, , , , , , , , , , , , , , , , , , , ,	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3		SECORITI NO.	Helew x	their -	Hours
	18. 47	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	TH	My	ocardial &	Sautin	7 da
	heart failu	not mean the mode or re, asthenia, etc. It mea complication which o	ns the diseas	se,			1
		ANTECEDENT CAUS	ES	Cara	ngree Q		
O	DISEASES	OR CONDITIONS, I	F ANY, GIVII		nary Insuf	freeze	
AT	UNDERLY	HE ABOVE CAUSE (A)	STATING T	HE DUE TD			
FIC				(C)			
ERTI		II IGNIFICANT CONDI		N-			
CE	TO THE O	TO THE CEATH, BUT	CAUSING	IT			
AL	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			ty, give exact location)
Σ	210. TIME (Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from 23 July , 1952, to 30 July , 1952, that I last saw the deceased alive on 30 July , 1954, and that death occurred at 8:40 Pm., from the causes and on the date stated above.						
	deceased al		, 1937,		red at 1977 m., ;	from the causes and o	n the date stated above. 23c. DATE SIGNED
	/ /	thony J. L	1 /Tre	vanne M. O.	Lutheran	Hong of his	L 30 July 1952
	BURIAL, C			24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	own, or county) (State)
Junal 7-31-12 Boards				read	ale	Hurto	
	TE RECEIVED REGISTI		+	Williams MAS	ACK LE	wid one ZI	100 Gestaule
	VS 150		0	262			
				1911	1		



BALTIMORE CITY HEALTH DEPARTMENT

A	52160775 7201	2-15086		TIMORE CITY HE	EALTH DEPARTMENT	Registered	52 7205
1.	NAME OF DI		Baby I	Boy Howard -	Paychalla	2. DATE OF	uly 5,1952
A. B.	FULL NAME OSPITAL OR	ity, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE () A. STATE Maryland	1	f institution: residence before admission)
7	ngth of st	ay in Baltimore	Li	Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location) ette St. zone	e 23
5.	SEX M	6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH July 4,1952	9. AGE (In years last birthday)	fonths Days Hours Min.
10 rorl	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	James Ho	ward		14. MOTHER'S MAIDEN N	lle Stokes	
15 (Yo	. WAS DECEASE a, no or unknown)	D EVER IN U. S. ARMED (If you, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAPELTIMO: Records: 4940 E	re City Hosp: astern Ave.	N ₽₽¶E€S
FICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which e ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	'H f dying, e. g ns the disease aused death. ES FANY, GIVIN STATING TH	(A)	of DEATH aterity		INTERVAL BETWEEN ONSET AND DEATH 1160
EDICAL CERTIF	TRIBUTING TO THE DI 19A. DATE O	0	NOT RELATE CAUSING I' 9B. MAJOR	D		(If in Baltimore City,	20. AUTOPSY? YES NO
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 7—1— deceased alive on 7—5— 19 52 to 7—5— 19 53 hat I last saw deceased alive on 7—5— 19 52 and that death occurred at 12 10 M, from the causes and on the date stated ab						5Ahat I last saw the the date stated above.	
TIC	23A. SIGNAT	REMA- 24B. DATE pecify) 7-30-52	9am	B. C. H. Cro	38. ADDRESS 940 Eastern Ave. RY OR CREMATORY 240 matory 25. FUNERAL DIRECTOR		
L	VS 150	1952 Hut	ugton	Williams, My	×		

ACCURAGE - In Section 5 Section Law at the state of A IG - C. BY A Fd - value C. C. COS. The state of the state of . The thing of the cale of the THE SHARE SHOWING SALE THE SHAPE OF THE SAME OF THE

BALTIMORE CITY HEALTH DEPARTMENT 52 CERTIFICATE OF DEATH Registered No	7206
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) S. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate liquits, write location) J. STREET ADDRESS (If rural, give-location) Mos. Days S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MONTHS IN INDICATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CI	before admission) OLAT has rive township) ser If Under 24 Hours ays Hours Min. TIZEN OF HAT COUNTRY?
	rerval Between Iset and Death

20. AUTOPSYT

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

(If in Baltimore City, give exact location)

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21A. ACCIDENT WAS UNDER-

21E. INJURY OCCURRED

218. PLACE OF INJURY (e.g., in or

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour)

21c. WHERE DID INJURY OCCUR?

WHILE AT

22. I hereby certify that I attended the deceased from deceased alive on.

WORK AT WORK

19 7 that I last saw the and that death occurred at 2:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

23c. DATE SIGNED

CREMA-BURIA (Specify)

(City, town, or county)

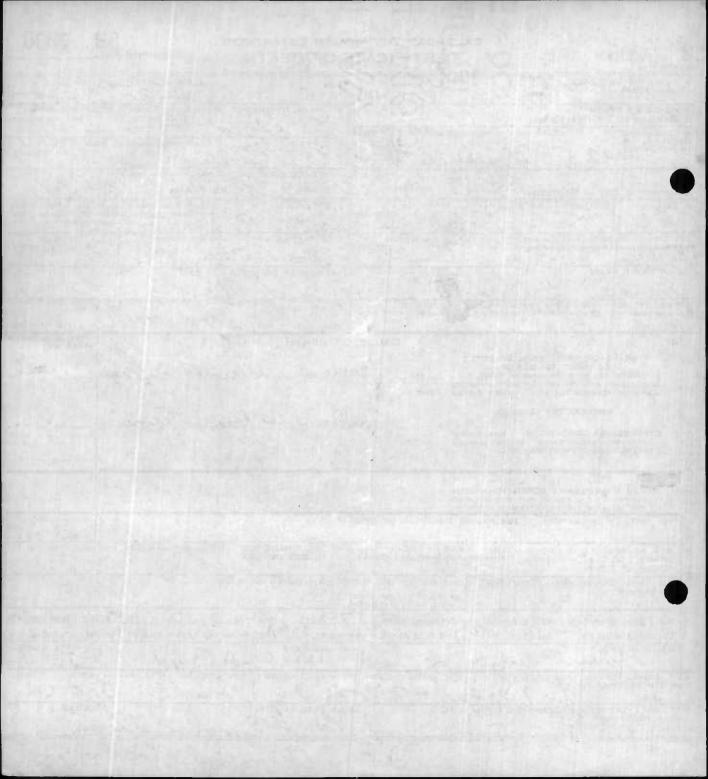
REMOVAL BATE RECEIVED BY

25. EUNERAL DIRECTO

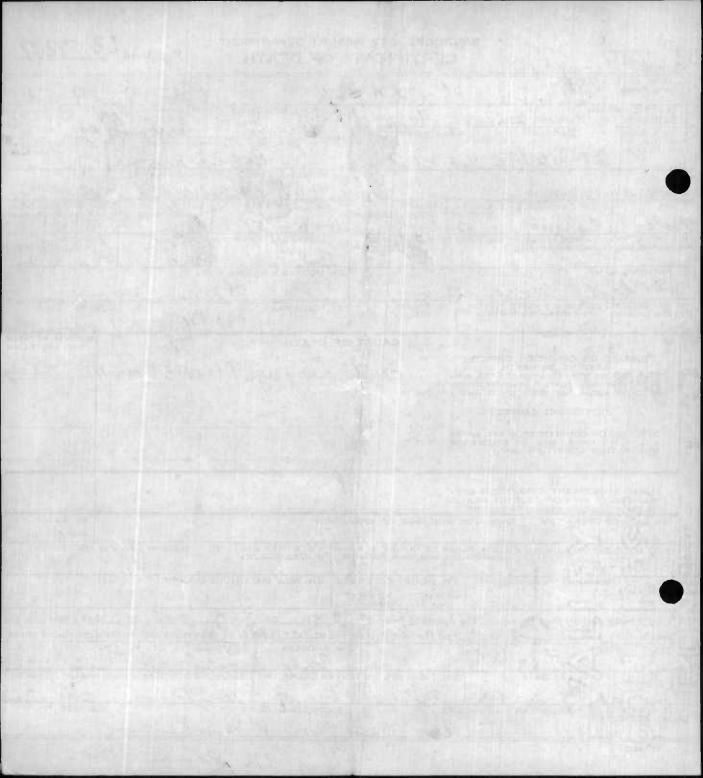
ADDRESS

VS 150

MEDICAL



b	1 45				,			
- 6	1000			TIMORE CITY H			52	ליחכלי
) BT	RTH NO.	81-1281	0	CERTIFICAT	E OF DEAT	H Regi	stered No	11-42/6
1. (T	NAME OF D ype or Print)	O L L T	E /	McCLAT	N	2. DATE OF DEATH	7.21	7.52
	PLACE OF D Baltimore (No. 30 1 1	mirah	to Hospital	4. USUAL RESIDE	ENCE (Where decease B. CO		ion: residence before admission)
	FULL NAME	OF (If not in hosp	ital or institut	ion, give street address or location	c. CITY OF TOWN	(If outside corpo		URAL indicive
IN	STITUTION	univer	ity Ho	5 mint	1	alhi he	one	(حقاسل) -
	ength of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRE	ESS (If rural, give lo	cation)	
	SEX	6. COLOR OR RAC		Days Days	8. DATE OF BIRTH			
7	yale	Colored	13	ED, DIVORCED (Specify	6-6-5	last birt	hday) Months D	ays Hours Min.
		CUPATION (Give kind of working life, even if retire		OF BUSINESS OR	11. BIRTHPLACE	State or foreign country		TIZEN OF HAT COUNTRY?
13	. FATHER'S N	JAME		Sec. 1	14. MOTHER'S MA	IDEN NAME	U	· S · A .
	ou	ie m	celai		TAT IN OTHER OTHER	Alma	Jone	>
15 (Yes	. WAS DECEASI	D EVER IN U. S. ARM (If yes, give wer or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Mr to	ADDRES	S
	18. 50			CAUSE	OF DEATH		110 (P.	TERVAL BETWEEN
	-	E OR CONDITION		1		-		SET AND DEATH
	(This does	LEADING TO DE not mean the mode re, asthenia, etc. It m	of dying, e. s	(A) Heul	daryug	orraches	Brouch	. One day
	injury or	complication which	caused death	.) DUE TO	0 0			
_		ANTECEDENT CA	JSES					
RTIFICATION		OR CONDITIONS			***************************************	***************************************	*************************	******************************
S		ING CONDITION		(C)			******************************	
F		II						
ERT		IGNIFICANT CON						
ū		F OPERATION		FINDINGS OF OPE	PATION			O. AUTOPSY?
AL								ES NO
IEDICA		ENT WAS UNDER CONTRIBUTING[DEATH	2	ACE OF INJURY (e. g., arm, factory, street, office bldg.,			ore City, give exa	act location)
Σ	O. TIME	(Month) (Day) (Yes		21E. INJURY OCCURR	AND RESIDENCE OF THE PARTY OF T	INJURY OCCUR?		
			m.	WORK AT WORK				
	deceased at			deceased from 7. and that death occu				I last saw the
	23A. SIGNA	URE O.	, 105					DATE SIGNED
	V DUDINI	REMAN 248, DATE	ion	м. о.	Balt. 4	none	7 7	130.52
TIC	N, REMOVAL (S	pecify)		24c. NAME OF CEMETE	RYORCREMATORY	24b. LOCATION (C	nty, town, or cour	(State)
DA	ATE RECEIVE	D BY REGISTRA	R'S SIGNATU	RE	25. FUNERAL DIR	ECTOR	ADDR	RESS T
	JUL 311	952 Hunt	ington !	Villiams Mo	Wm. A	Jocker	*	
	VS 150		0		91	6 Penn	a au	2-

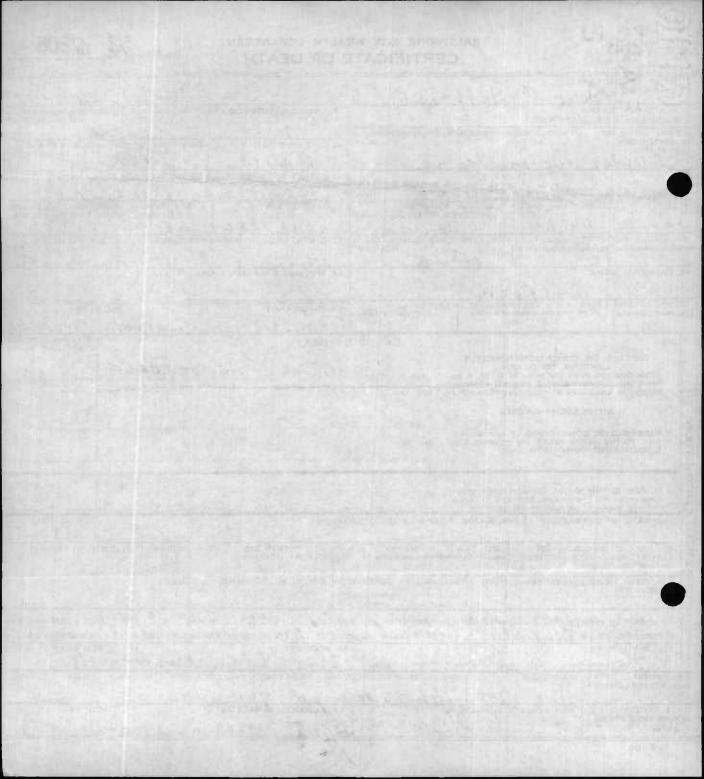


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

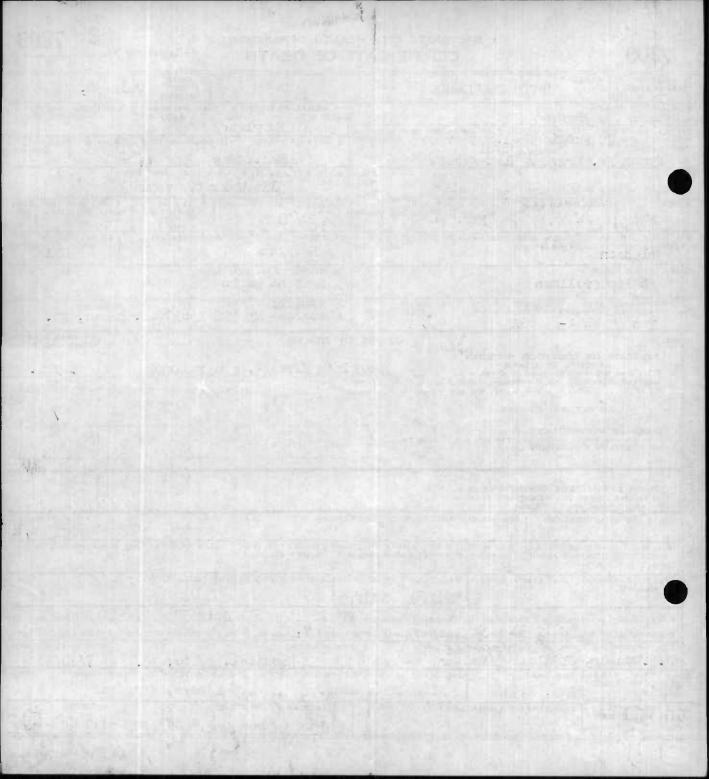
Registered No. 7208

BI	RTH NO.		CERTIFICATI	E OF DEATE	1 Registered 1	10
1.	NAME OF DECEASED The or Print) Addie E	14e/1	rich		2. DATE OF DEATH JUL	129.1952
	PLACE OF DEATH: Baltimore City, Maryland	' /		4. USUAL RESIDEN	NCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
B. HC	FULL NAME OF (If not in hospit SPITAL OR STITUTION	al or instituti	on, give street address or location)	Md.	(If outside corporate limit	s write RURAL and give township)
1	Clifton Nursin	19/10	me	Balta	0. 16	township)
	much of store in Dallinson	1.	Yrs. Mos.	D. STREET ADDRES) / (; .	C1
5.	Length of stay in Baltimore SEX 6.COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	Under I Year If Under 24 Hours
1	emale white		ED, DIVORCED (Specify)	June 12,18		onths Days Hours Min.
	done during most of working life, even [fretired]	10B. KIND	OF BUSINESS OR		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None		me	md.		U.S.A.
13	FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
16	WAS DECEASED EVER IN U.S. ARMEE	er				
(Yet	no or unknown) (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_	18. 0 2 4 4	1	CALICE	John Helf	rich - 400 rop1	INTERVAL BETWEEN
	3311	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEAT	гн	CFR	EBRAL	HEMORRHAGE	5 uns
	(This does not mean the mode of heart failure, asthonia, etc. It mean	ns the disease	2.			
	injury or complication which c		DUE TO			
_	ANTECEDENT CAUS	ES	483			
Ö	DISEASES OR CONDITIONS, II	ANY, GIVIN	(B) G E DUE TO	***************************************	······································	*******
ATION	UNDERLYING CONDITION LA	ST.				
임			(C)			********
RTI	OTHER SIGNIFICANT CONDI	TIONS CON				
ы	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	D			
0	100		FINDINGS OF OPER	ATION		20. AUTOPSY?
A	9					YES NO
1EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			give exact location)
2	D. TIME (Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
h		m. W	WORK NOT WHILE			
	22. I hereby certify that I att	ended the	deceased from M	AY / , 1949,	to JULY Eq, 195	that I last saw the
	deceased alive on Joly &	11952	and that death occur	red at 6 P. m.,	from the causes and on the	he date stated above.
	23A. SIGNATURE R.	Keen	M. D.	3803 Ca	mondson Ave	23c. PATE SIGNED 7/31/52.
24 TIC	A. BURIAL, CREMA- 24B. DATE N. REMOVAL (Specify)	2	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)
	Buria 1 Aug. 1	1952	HolyPede		10 41 to.	Mcl.
LC	TE RECEIVED BY REGISTRAR	5 SIGNATU	/11. 1450	25. FUNERAL DIRE	CTOR	ADDRESS
	JUL 31 1005 Hunter	glow /	Villiams, My	John T. Sta	nsbuny 2700	Edmondson
	110 100	()			-1	Pro



6	4	5
	12	09

BII	RTH NO.			CERTIFICATI	E OF DEATH	registereu	110,
	NAME OF D		GROLL	IAN		OF Jul	y 30, 1952
B. I	PLACE OF D Baltimore (FULL NAME SPITAL OR STITUTION	City, Maryland OF (If not in hospits US Public Hea	al or institut Uth Se	ion, give street address or		B. COUNTY	f institution : residence before admission) ts, write RURAL and give
	Wyman ength of s		Ast St	reet Yrs. Mos. Days	Baltimore D. STREET ADDRESS (If: 3116 Wolc	-	
	SEX M	6.COLOR OR RACE	w Mar	MARRIED. ED. DIVORCED (Specify)	5/21/23	29	If Under 1 Year on the Days Hours Min.
work	Salesn		Shoe	OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY
		p Grollman		119	14. MOTHER'S MAIDEN NA Lena Marks	AME	
	was deceas no or unknown)	ED EVER IN U. S. ARMEE (If yee, give war or date) WW 2- USA	of service)	16. SOCIAL SECURITY NO.	Records - US PHS	Hospital, j	Bal to, Md.
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which e ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e.g. ns the disease aused death ES F ANY, GIVIN STATING TH	(B) Hodgk	of DEATH in's disease, gen	eralized	ONSET AND DEATH
CERTIFI	TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION DF OPERATION 1	CAUSING I	D	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e.g., li arm,factory,street,office bldg., e	n or 21c. WHERE DID (I	f in Baltimore City,	YES NO K
	22. I herel		m. cnded the	21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK AT WORK deceased from Ju	ne 19 , 19 52 to Ju	ly 30 _{, 19} 5	2, that I last saw the
24	deceased a 23A. SIGNA J.A. Hun	iter, Clinical	Direct	CP 2	red at 7:30Am., from to 38. ADDRESS US PHS Hospital.		7/30/52
DA	A. BURIAL, N. REMOVAL (S BUTIAL TE RECEIVE CAL REGIST	D BY REGISTRAR	.952	Aitz Chaim C		imore, Mary	
6	VS 150	1952 H. #	ton W	4906	F Almin	~ This	North are



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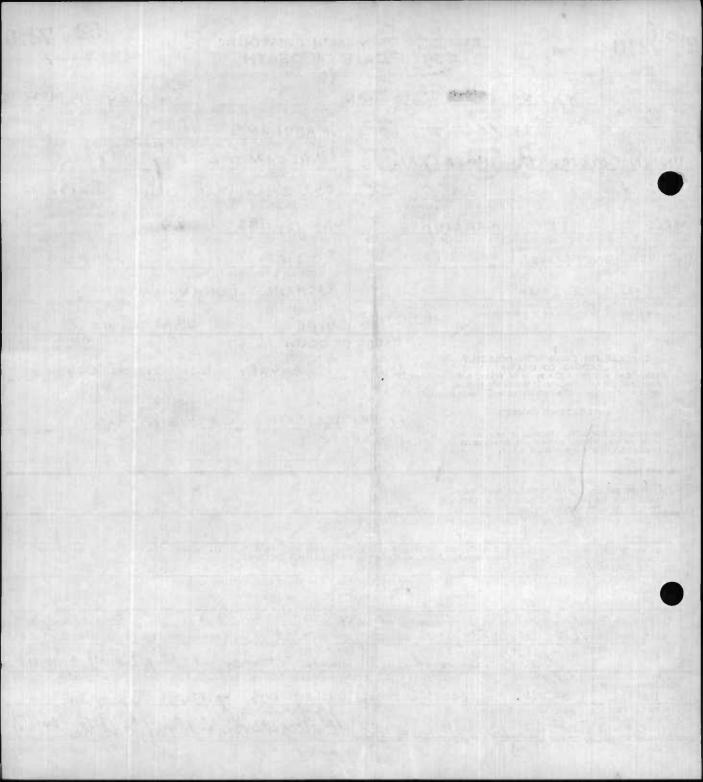
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7210

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Morris 30, 1952 GROS MAN. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside compress limits, write RERAL and give INSTITUTION BALTIMORE UNION MEMORIAL HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Moon 2542 Druid PARK DRIVE; BALTO. 16.

8. DATE OF BIRTH

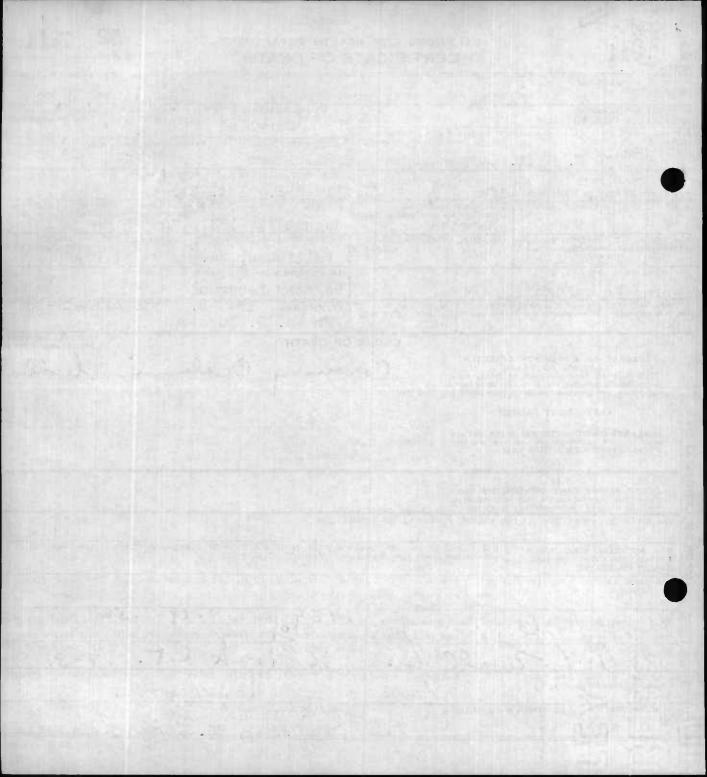
9. AGE (In years | H Under I Year | H agth of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE MAY 15, 1883 MALE MARRIED IOA. USUAL OCCUPATION (Givekindel) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY Retail Store BUTCHER : UNEMPLOYED RUSSIA. AMERICA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME RACHAEL GROSMAN (UNKNOWN' ISRAEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2542 Druid PK. DrivE WIFE 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) ACUTE CORONARY OCCLUSSION heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) AYTERIOSCLEROTIC CARDIOUASCULAR DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO DISEASE. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS DICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from July 30, 1952 to July 30, 1952 that I last saw the deceased alive on July 30 1952 and that death occurred at 4:30 ? m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Union memoral Jospital 1 30,145) 24A. BURIAL, CREMA-248 DATE 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, of county 8-1-52. Bnai Israel, Southern Avel Burial Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



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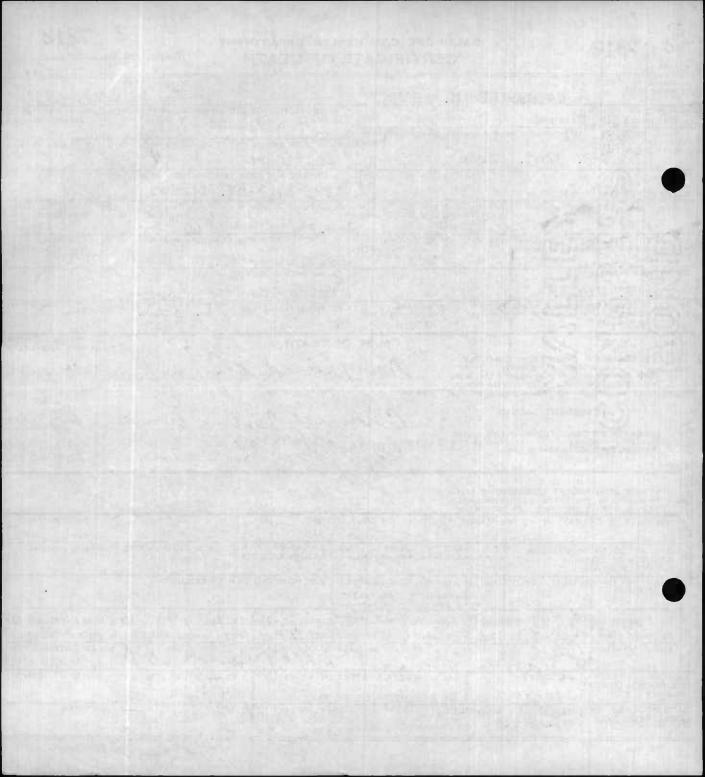
BI	RTH NO.						
	NAME OF D	ECEASED				2. DATE OF -	
			ATHERT	VE ELTZABE	THE LIBETTE	DEATHOUT	29. 1952
A.		City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
B. HO IN	FULL NAME SPITAL OR STITUTION			on, give street address or location)	C. CITY OR TOWN	(If outside corporated in	nits, write RURAL and give township)
1	17	30 E. 31st.	. Stree	et	Baltimore		
W				Yrs. Mos.	D. STREET ADDRE	ISS (If rural, give location)	
c.	Length of s	tay in Baltimore	Life	Days	1730 E.	31st. Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Months Days Hours Min.
	F	W	Marr		August 18		
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
WOLL	Housew		YE ELL	INDUSTRI	Baltimore	e, Md.	USA
13	FATHER'S				14. MOTHER'S MA		
C	onred F	roenlogh			Dorothy La	anggood	
		ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL		1730 E. 31st.	Street -18
(Ye	, no or unknown)	(If yes, give war or date	s of service)	None	Mr Wm. O		ADDARES V 10
	no					· Dao a ac	INTERVAL BETWEEN
	18. 47	0.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEAT		0.	MARIE AND	a. 0 .	0 00
	(This does	not mean the mode o	of dying, e. g	, (A)	ortary	Celler	- sudden
	injury or	re, asthenia, etc. It mea complication which c	aused death.) DUE TO			
		ANTECEDENT CAUS	SES				
7		ATTEGEDANT OAGE		(B)	***************************************		
<u>o</u>		S OR CONDITIONS, IN					
AT	UNDERL	YING CONDITION LA	IST.	(G)			
ERTIFICATION				(C)	***************************************	***************************************	
1		11					
K		SIGNIFICANT CONDI					
Ü		ISEASE OR CONDITION					Loo Allmonava
L	19A. DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
S			L our DLA	CE OF INJURY (e. g., i	n or! 21c. WHERE D	(If in Beltimore City	y, give exact location)
IEDICAL	LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	about home, fo	arm, factory, street, office bldg.,			y, sive exact iocation;
2		(Month) (Day) (Year)	(Hour)	TE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
L	INJURY		m. V	WORK NOT WHILE			
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		live on 7-28	tended the	deceased from	9 3 9 19		
	deceased a		193 7,	and that Bath occur	23B. ADDRÉSS O	, from the causes and on	23c. DATE SIGNED
	SE A	4.4.	was	C KN M. D.	36 70	rk CT.	7-31-52
2.4 TI	AA. BURIAL,	CREMA- 24B. DATE		4c. NAME OF CEMETE		35	
	N. REMOVAL (S DUPIAL	8/1/52		Parkwood Up	metery ,	Baltimone, de	
	ATE RECEIVE		S SIGNATU	RE I	25 FUNERAL DIE	ECTOR . CANC TI	ADDRESS
1	CAL REGIST		uston 1	Velliaus- M.J.	DATES TANK	DER & SONS, II	NC ADDRESS
=	VS 150	952 Hunty	igton 1	Villiacus, M.J.	BALTO., 1	3. MD Tenge	I fande



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BALTIMORE CITY HEALTH DEPARTMENT

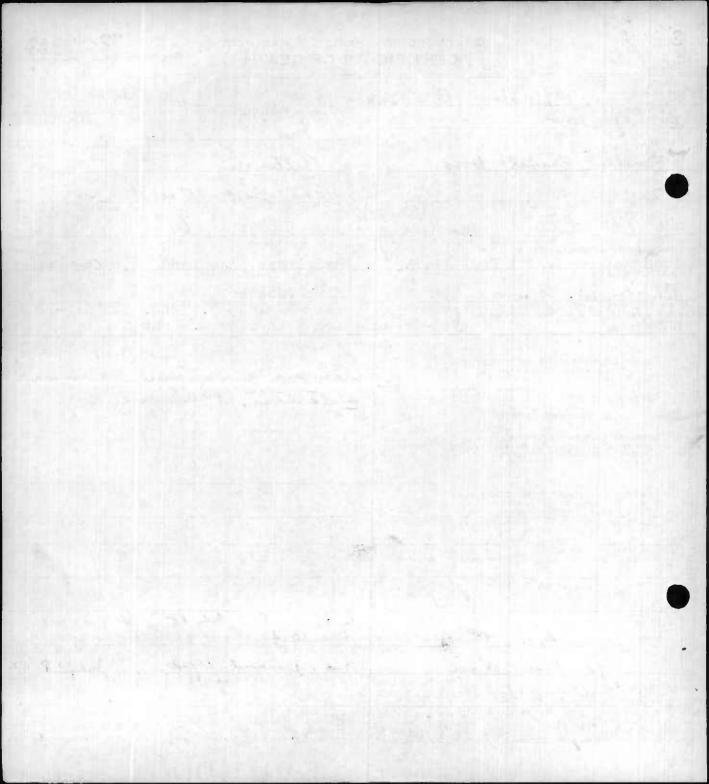
BIRTH NO.	1 - 13- 1 - mg		CERTIFICATI	E OF DEAT	Н	Registered	No	
1. NAME OF	DECEASED	14			2	. DATE		
(Type or Print)	KATHA	RINE :	M. GANNON			DEATH Jul		
a. Baltimore	City, Maryland			A. USUAL RESIDI	ence (Wher yland	e deceased lived, I		residence re admission!
B. FULL NAME HOSPITAL OR		al or institut	ion, give street address or location)			1	-ml	
INSTITUTION	25 E. 32nd.	4	C. CITY OR TOWN		side corporte lim	its, white (B)	RAL and give township	
104	e) E. Janu.	porce	V	Baltimor				
much of	-t t D-11		Yrs. Mos.	1825 E. 3				
5. SEX	stay in Baltimore	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH		AGE (In years)	II Under 1 Year	If Under 24 Hours
म	TW		/ED, DIVORCED (Specify)			last birthday)		
10A. USUAL O	CCUPATION (Give kind of	108. KIND	OF BUSINESS OR	an. 26, 1892		n country)	12. CITIZ	EN OF
housew	of working life, even if retired)		home				WHAT	COUNTRY
13. FATHER'S		1 00	TIOMC	Baltimore,	IDEN NAME		I USA	
Wm H	Wicker			Katharine				
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		sterer	@ Naprock	3.0
(Yes, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	Miss Esthe	LOZJ E.	JZNa.	Addresst	18
18. 14,	/- V			OF DEATH	J 0. C	Ellion	INTERV	AL BETWEEN
74	SE OR CONDITION	DIRECTIV	CAUSE	OF BEATH	0			AND DEATH
	LEADING TO DEA's not mean the mode of	TH	mi	10 Carde	0 4	salit	P10. 14	41.0
heart fail	ure, asthenia, etc. It mea	ns the diseas	e, //	/•• # • • • • • • • • • • • • • • • • •	7	The state of the s	3	/
,			a Pal	1		4		
7	ANTECEDENT CAUS	SES	(Mr	unce In	rter	Hillie	5	yes
DISEASE	S OR CONDITIONS, 1	F ANY, GIVIN	IG SE DUE TO	nesar	ries		71	
UNDERL	YING CONDITION LA	ST.	(c) ant	erid do	Cler	uni	5"	uns
0			(0)		***************************************			tafstan Kadaaaaa
DISEASE RISE TO UNDERLUN	II SIGNIFICANT CONDI	TIONS CON						
TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	D					
. 19A. DATE			FINDINGS OF OPER	ATION			20. A	UTOPSY?
IA!	0						YES	NO [
	DENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE D		Baltimore City,	give exact l	ocation)
CAUSE OF								
D. TIME INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY O	CCUR?		
	C. (PERCHAPITAL	m.	WHILE AT NOT WHILE					
22. I herei	by certify that I att	ended the	deceased from	1958	to he	y 28, 195	Lthat I le	ast saw th
			and that death occur	red at 1/ Am.	, from the c			
23A. SIGNA	TURE 1	10 (2)	2	38. ADDRESS	21.	41 1 A B	23c. DA	TE SIGNED
	Min, hm		Man M. D.	0/401	Necy	1000 10	1 me	490195
24A. BURIAL. TION, REMOVAL (CREMA- 248. DATE Specify)		24c. NAME OF CEMETE		246. LOGA	ATION (City, tow	n, or gounty)	/t (State)
burial	7/31/	-	Western-Cem	etery.	Balt/i	more, Md		200
LOCAL REGIS		s SIGNATU	Miarus MI	HENRY SAND	ER° & S	ons Inc	ADDRESS	>
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BIRTH	NO.	

Registered No. 7213

B FULL NAME OF (If not in hospital or institution, give street address or location) PROSPITAL OF (IF not in hospital or institution, give street address or location) PROSPITAL OF (IF not in hospital or institution, give street address or location) PROSPITAL OF (IF not in hospital or institution, give street address or location) PROSPITAL OF (IF not in hospital or institution, give street address or location) PROSPITAL OF (IF not in hospital or institution, give street address or location) PROSPITAL OF (IF not in hospital or institution) PROSPITAL OF (IF not in hospital or institutio					
3. PLACE OF DEATH. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Manyland Granul M. Street Address or location Month of stay in Baltimore 9. SEX 6. COLOR on RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in year) 10. STREET ADDRESS (ill rural, give location) 10. STREET ADDRESS (ill rural) 10. STREE	(m)	Gannan Sk		2. DATE OF DEATH July	28 1952
PROSPITAL OR INSTITUTION AND AND AND AND AND AND AND AND AND AN	3. PLACE OF DEATH:	4. USUA	L RESIDENCE (Who	ere deceased lived. If i	
Ength of stay in Baltimore Ongth of stay in Baltimore S. SEX OCCUPATION (Givelladd) ON USUAL OCCUPATION (Givelladd) ON USA OCCUPATION (Give	HOSPITAL OR	3. 41 \	OR TOWN (If or	tside cor for he limits	write RURAL and give
Mon. Days 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (speels) 10. USUAL OCCUPANISHED 10. SUAL OCCUPANISHED 10. SIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER S NAME 14. MOTHER S MAIDEN NAME May Jane No.1. 15. WAS DECEASED EVER IN U. A ARKED FORCES! (Ver, now ranknown) 10. USCARS OR CONDITION DIRECTLY LIBERTY NO. 11. DISEASE OR CONDITION DIRECTLY LIBERTY NO. 12. CITIZEN OF 13. FATHER S NAME CLAMA 14. MOTHER S MAIDEN NAME May Jane No.1. 15. WAS DECEASED EVER IN U. A ARKED FORCES! (Ver, now ranknown) 16. SOCIAL (Ver, now ranknown) 17. INFORMANTIS25 E. 32Nd. SLIDERS 18. 18. / / / DISEASE OR CONDITION DIRECTLY LIBERTY NO. CAUSE OF DEATH ONSET AND D DISEASE OR CONDITIONS. IF ANY, GIVING BISEASE OR CONDITIONS. IF ANY, GIVING DISEASE OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LOST. OTHER SIGNIFICANT CONDITIONS CON. THIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITIONS. IF ANY, GIVING 19. ALEXAND OF CAUSE 11. DISEASE OR CONDITION LOST. OTHER SIGNIFICANT CONDITIONS CON. THIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITIONS. IF ANY, GIVING 11. ACCIDENT, SUICIDE. 11. ALEXAND OF CAUSE (A) STATING THE UNDERLYING CONDITION LOST. OTHER SIGNIFICANT CONDITIONS CON. THIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LOST. OTHER SIGNIFICANT CONDITIONS CON. THIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LOST. OTHER SIGNIFICANT CONDITIONS CON. THIBUTING CONDITION LOST. OTHER SIGNIFICANT CONDITIONS CON. THIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS 11. ACCIDENT, SUICIDE. 11. ACCIDENT, SUICIDE. 12. ACCIDENT, SUICIDE. 13. ACCIDENT, SUICIDE. 14. ACCIDENT, SUICIDE. 15. MAJOR MAJOR FINDINGS OF OPERATION 16. SOUTH AND CONDITIONS 17. THE THE SIGNIFICANT CONDITIONS 18. ADDRESS AND CONDITIONS 19. ADDRESS AND CONDITIONS 20. AUTORS 18. ADDRESS AND C		B	Mimore	7	township)
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15. WAS DECEASED EVER IN U. A ARMED FORCES? (16. SOCIAL SECURITY NO 705-07-4204 Mrs Katherine M. Gannon (19. Security 19. SECURITY NO 705-07-4204 Mrs Katherine M. Gannon (19. Security 19. SECURITY NO 705-07-4204 Mrs Katherine M. Gannon (19. Security 19. S	13. FATHER'S NAME	14. MOTH	HER'S MAIDEN NAM	E	
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19a. Date of operation 19b. Major findings of operation 20. Autops yes No 21a. Accident. Suicide. Homicide (Specify) 21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Time (Month) (Day) (Year) (Hour) 21c. Time Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Where Did (If in Baltimore City, give exact location) Injury occur? 21c. Vhere Did (If in Baltimore City, give exact location) Injury occur? 21c. Vhere Did (If in	TRIBUTING TO THE DEATH, BUT NOT RELATED				
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216. TIME (Month) (Day) (Year) (Hour) 216. INJURY 217. How DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 123, 1952, to 1952, to 1952, that I lust saw deceased alive on 1962, 1952, and that death occurred at 10 Am., from the causes and on the date stated at 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CHIMA- AB. DATE 24C. NAME OF CEMETERY OR CHIMATORY 24D, OCATION City, Own, County) 24C. NAME OF CEMETERY OR CHIMATORY 24D, OCATION City, Own, County) 25 FUNERAL DIRECTOR BAILTON, MD. ADDRESS HENRY SANDER & SONS, INC. BAILTON, MD.				in Baltimore City, g	ive exact location)
deceased alive on July 18, 1952, and that death occurred at 10 Am., from the causes and on the date stated at 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CHMA- AB. DATE 24C. NAME OF CEMETERY OR CHMATORY 24D. LOCATION (City, lown, county) (St Durial 7/30/52 Western Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR & SONS, INC ADDRESS 111 3 1952 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ID. TIME (Month) (Day) (Year) (Hour) 21E. IN WHILE AT	NOT WHILE	YAULNI DID WOF	OCCUR?	
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JUL 3 1 1952 Huntington Williams, M. BALTO. 13, MD.	24a. BURIAL, CHMA-24B. DATE 24C. NATION, REMOVAL (Specify) 7/30/52 We burial	AME OF CEMETERY OR CO	MATORY 240-100	ANION City, own,	(State)
		HENRY BALTO	SANDER &	sons, INC	ADDRESS
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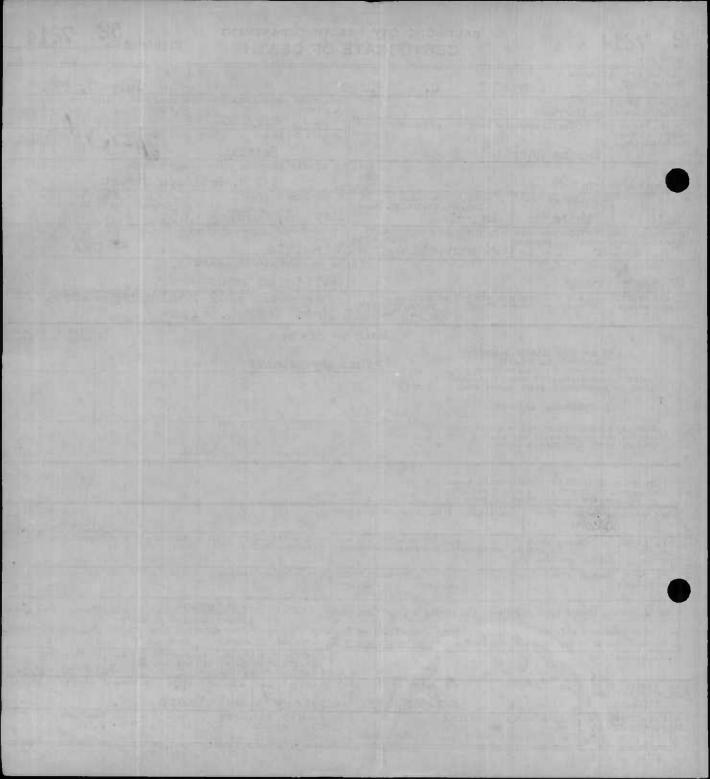


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BALTIMORE CITY HEALTH DEPARTMENT

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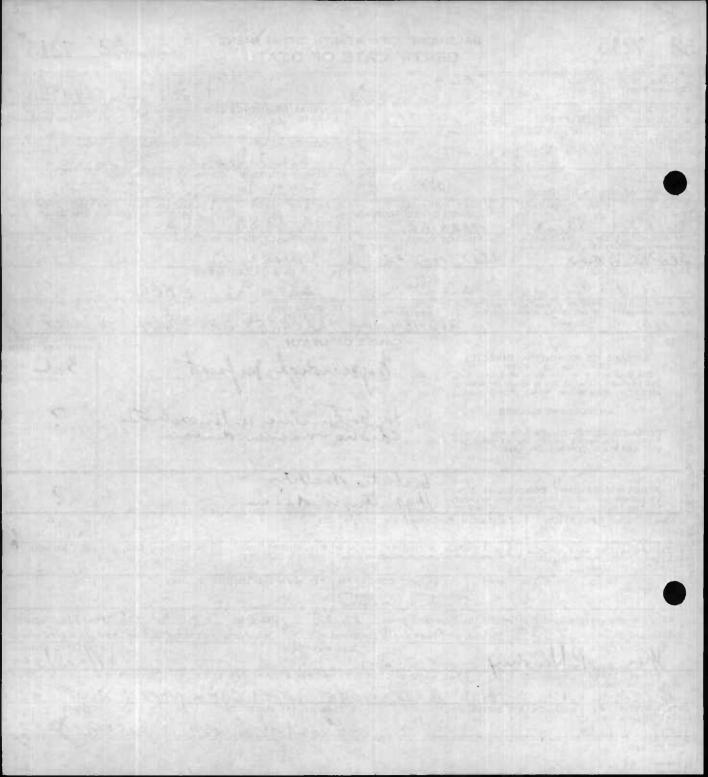
DA	121	4		CERTI	FICATE	OF DEATH	Registe	ered No.	4
	BIRTH NO.								
	NAME OF D		ਅ ਰਕਰ	0	דאמ סיד	<u>-</u>	2. DATE OF	T3 00 1050	,
-	PLACE OF D		BERT	C.	FRAMI	4. USUAL RESIDENCE	DEATH (Where deceased li	yed If institution: resid	ence
Α.	Baltimore C	City, Maryland				A. STATE	B. COUN		
	FULL NAME	OF (If not in hospit	al or institut	ion, give stre	eet address or location)	Maryla		limits, write RURAL	and give
	STITUTION	34 1 11 -	7		,				wnship)
0		Marine Hosp	ital		Yrs.	Baltim		ion)	
	math of a	tay in Baltimore			Mos.		Robinson S		
5.	SEX	6. COLOR DE RACE	7. SINGL	E, MARRIEI	Days Days	8. DATE OF BIRTH	9. AGE (In ye	ars If Under 1 Year If Under	er 24 Hours
1	Male	White	Marr		CED (Specify)	May 28, 1887	7 last birthda	Months Days Hour	s Min.
		CUPATION (Give kind of		OF BUSIN		11. BIRTHPLACE (State		12. CITIZEN O	F
	done during most of Carpent	of working life, even if retired)	cont	ractin	INDUSTRY າຕ	Virginia		USA WHAT COL	JNTRY?
	FATHER'S		00110	2 00 020	-6	14. MOTHER'S MAIDER	N NAME		
	Thomas	Frame				Mollie Witmo	ore *		
15	. WAS DECEASE	D EVER IN U. S. ARMEI		16. SOCI		17. INFORMANT 3.		rrappagreet	
(Yes	no or unknown)	(If yes, give war or date	s of service)	263-	10-881	Mrs. Mary			
	18. 4/				CAUCE	OF DEATH		INTERVAL 8	ETWEEN
	76	SE OR CONDITION	DIRECTIV		CAUSE	OF DEATH		DNSET AND	DEATH
		LEADING TO DEA	TH		Pulmo	onary embolus			
	heart failu	s not mean the mode oure, asthenia, etc. It mes	ns the diseas	se,	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************
	injury or complication which caused death.) DUE TD								
	ANTECEDENT CAUSES								
Z		S OR CONDITIONS, I		NG		•••••••••••••••		***************************************	••••••
LION		THE ABOVE CAUSE (A)		HE DUE T	0				
1				(C)	***************************************				
ERTIFIC	OTHER C	II COND	TIONE CO.						
RT	TRIBUTING	SIGNIFICANT COND	NOT RELAT	ED					
CE		F OPERATION 1			S OF OPER	ATION		20. AUTO	PSY'7
	ISA. DAIL C	, OLEKATION .		,				YES X	ND
V		NAL CAUSE WAS			JURY (e.g., in		(If in Baltimore	City, give exact location	on)
DIC		G [] OR CONTRIB- CAUSE OF DEATH.	about bome,	tarm, sactory, st	reet, office bldg., e	INSORT OCCORT			
M	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJUR	Y OCCURR	RED 21F. HOW DID INJURY OCCUR?			
	F INJURY		m.	WHILE AT WORK	NOT WHILE				
	22. I certi	fy that I took char				hove held an A	lutopsy	thereon and	d from
						Auto	psy, Inspection or In	nquiry	1
	and de	aence obtained by eath-in my opinion	resulted	opsy, Insp from: nat:	ection or 1 ural causes	nquiry, find that said X, accident [], suice	a aeccasea atea cide [], homicide	. undetermined	
	23A. SIGNA		1	/		238. CHIEF MEDIC	AL EXAMINER	23c. DATE SIGNE	
	11	illia 1/G	hurst		М	.D. MEDICAL INVESTI	GATOR	Il auth 30° 1	1952
2.4 TIC	A. BURIAL, (S	CREMA- 24B. DATE		249. NAME	,	2 . 7 / 6	D. LOCATION (City	, town, or county)	(State)
1	burial	8/2/5	2 1	oudon	Park	Gemetery B	altimore,		-
DA	TE RECEIVE	D BY REGISTRAR	1- 14	JRE		AS FUNERAL RIBERT	SONS :	INC. ADDRESS	
	JUL 3	1952 Hunting	ston 1	Illiam	1- M.P.	BALTO 13	MD.	11	1
	S 151)				/de	1 / Han	der
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BIRTH NO.	ERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	Schuton	2. DATE OF 0. 0. 30 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Osl 3	A. STATE	(Where deceased lived, If institution: residence b. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, g HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	logstion)	If outside corporate limits, write RUMAL and give
	Harrim	if rural, give location)
c. Ingth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MA	Days	Salle ang
Temple White MARR	160. 8-18-1889	9. AGE (In years If Under I Year If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) SEAMSTRESS BEST M	BUSINESS OR INDUSTRY FCRG	foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME H U 60 Mul	14. MOTHER'S MAIDEN	BEER.
Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. INFORMANT HOPE	ADDRESS
18. 4	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,	Musicardial In b	onset and death
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	OUE TO	
ANTECEDENT CAUSES	(B) Hypertensine and	Enoschotic ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO Carlio Vaculus de	····
	(C)	
OTHER SIGNIFICANT CONDITIONS CON-	Diabetes Melliting	2
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hyperthypoidism	(
19a. DATE OF OPERATION 19B. MAJOR FIN	DINGS OF OPERATION	20. AUTOPSY?
	OF INJURY (e. g., in or ctory, street, office bidg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
INJURY		RY OCCUR?
22. I hereby certify that I attended the dece	- 5.4	7-30, 1957 that I last saw the
deceased alive on 7-30, 1952 and	that death occurred at 6.38 m., from	the causes and on the date stated above.
Monas R Vendrix	M. O. 23B. ADDRESS JOHNS HOPKINS	HOSPITAL 239 DATE SIGNED 7/30/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	NAME OF CEMETERY OR CREMATORY 240.	LOCATION (City, town, or jounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE		PLNORTH AUE MOI
JUL 3 1 952 Huntington W	Migue M. D. Riel B.	A 7110BELAIN RO
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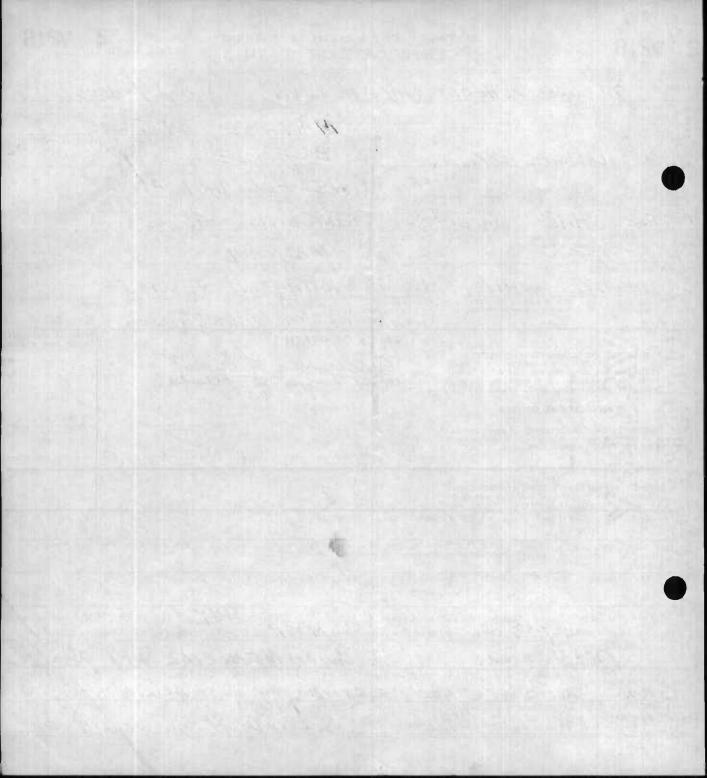


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BALTIMORE CITY HEALTH DEPARTMENT

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D	UN	1630
Registered	NO	

-		E OF DEATH Kegistered No.	
	RTH NO.		
(T)	NAME OF DECEASED (pe or Print) DOLORES K. HEALY (MRS. 1	NEAL W.) 2. DATE OF J-30-52	
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence as STATE B. COUNTY before admiss the country before admissible as the country before a decrease and the c	
HO	FULL NAME OF (If not in hospital or institution, give street address or location spiritution) STITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give
VI	VION MEMORIAL HOSPITAL	BALTIMORE 6	resource Pa
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	mength of stay in Baltimore 4/FE Mos. Days	1524 BELAIR ROAD	
5. Pt	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years Il Under I vest Il Under I v	4 Hours Min.
10	A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
vork	dope during most of working life, even if retired)		TRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
DI	R.LINGARD L. WHITEFORD	KATHERINE NESLINE	
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL BOO or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
	NO - NONE	MR. NEAL W. HEALY (HUSBAND) SAME	
		OF DEATH INTERVAL BET	
	DISEASE OR CONDITION DIRECTLY	11. +	
	(This does not mean the mode of dying, e.g.,	emone of man	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	tarret to pluis.	
-	ANTECEDENT CAUSES		
ó	DISEASES OR CONDITIONS, IF ANY, GIVING		
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
Ö	(C)		
L			
ERT	OTHER SIGNIFICANT CONDITIONS CON-		
8	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPS	SY?
AL	0	YES N	0
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) ,,eto.) INJURY OCCUR?)
2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	INJURY WHILE AT NOT WHILE		
	m. work AT WORK		
-1	22. I hereby certify that I attended the deceased from	27 9, 1952, to JULY 30, , 1952, that I last san	w the
	deceased alive on JULY 30, 1952, and that death occur		
	23A. SIGNATURE Dugau. M.D.	238, ADDRESS (LAURAL MERICAL AL DES 760/6	NED
24	A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (S	tate)
TIO	N, REMOVAL (Specify)		
-		EMERCEN 4430 BELAIR RD M	<u></u>
LC	CAL REGISTRAS	25. FUNERAL DIRECTOR ADDRESS	
J	UL 31 1932 Muntington Vallacus, My.	Nappel (5000 7110 BELAIR RO	
_	7		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF CEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fived, If in titution: residence
A. STATE

B. COUNTY

before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL) and give INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore van 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A, USUAL OCCUPATION (Givekinder) 1. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMOD FORCES?
(Yes, no or unknown) (If yes, give war or dites of service) 16. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN 18. Hrr. Y ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO OTHERAS GRIFICANT CONDITIONS CON-TO THE PEATH, BUT NOT RELATED TRIBU 198. MAJOR FINDINGS OF OPERATION OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 7 . 193 That I last saw the deceased alive on 7/29 1952 and that death occurred at.3 m. from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED

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1 25. FUNERAL DIRECTOR

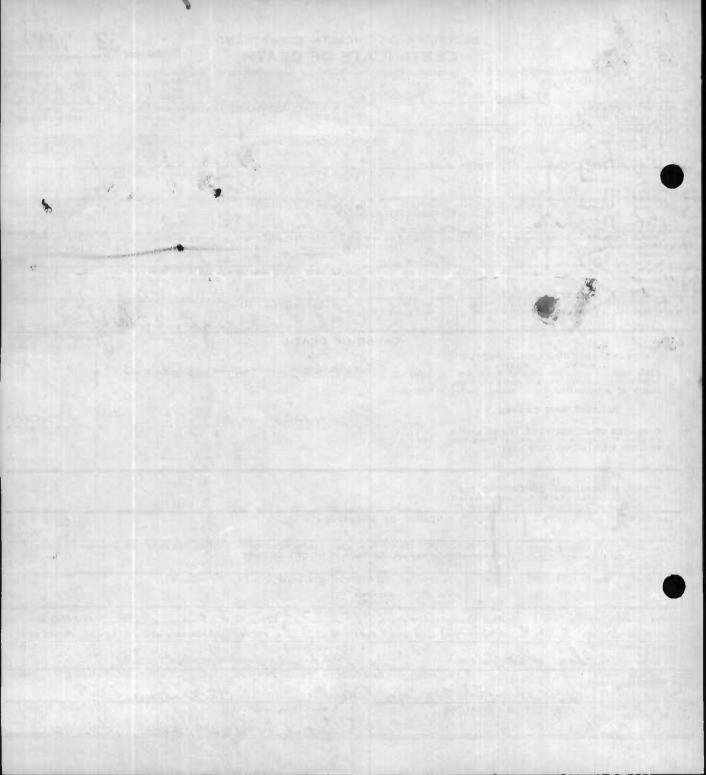
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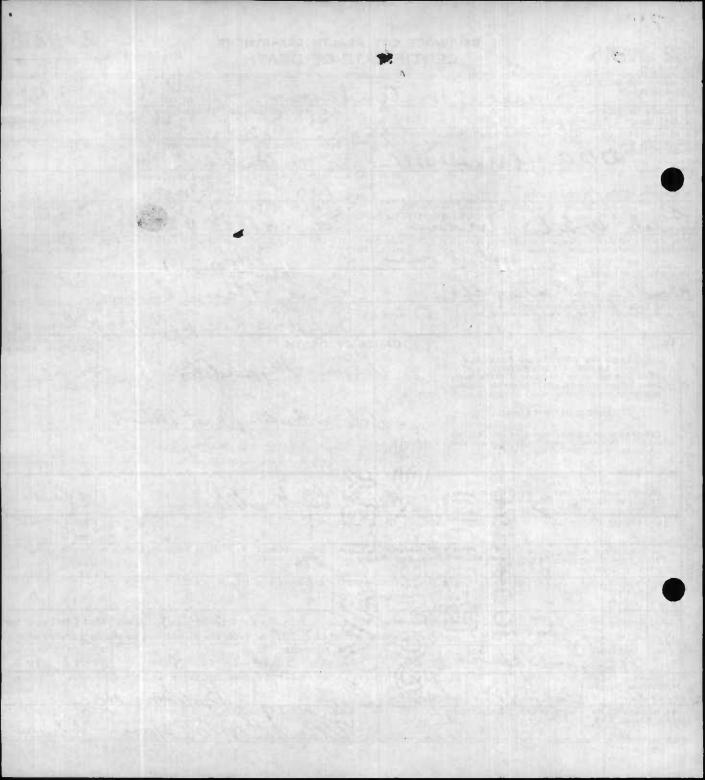
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CERTIFICATE OF DEATH Registered No.

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BIF	RTH NO.				
1. (Ty	NAME OF DECEASED Work	ma and	deson		729'52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution : residence before admission)
HO	FULL NAME OF (If not in hospital er institut SPITAL OR	ion, give street address or location)	c, CITY OR TOWN	(If outside corporate limit.	write BURAL and give
INS	DOQ Unio	- Man	Bel	60 16	township)
	D-141 - 6 - 4 1 - 1 - 1 - 1 - 1	Yrs. Mos.	D. STREET ADDRESS	If rural, give location)	<i></i>
	Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	19. AGE () III	Inder 1 Year If Under 24 Hours ths: Days Hours Min.
Z	male while we	DIVORCED (Specify)	160 4/86	833	ths Days Hours Min.
rork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Palento Ratell	?	14. MOTHER'S MAIDEN	NAME	
	WAS DECEAS D EVER IN U. S. ARMED FORCES? no or unknown (If yes, give war or dates of sprvice)	16. SOCIAL SECURITY NO.	17. INFORMANT	united to	DRESS
			mulem R	leleffe 120	30llwood
	18. 4 20.0 1 DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, c. g	. cler	onin My vear	lita	2410
	heart failure, asthenia, etc. It means the diseas lnjury or complication which caused death				
	ANTECEDENT CAUSES	Nat	in dutie H	ent Miseaux	
	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH				*****
AT	UNDERLYING CONDITION LAST.	(C)			
Ĕ.	11				
ERI	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE	D ///IN	Chrometer	ti	zyles
U	TO THE DISEASE OR CONDITION CAUSING I	FINDINGS OF OPER	RATION		20. AUTOPSY?
Z -	γ		Late Wilese Sig	(It is Dallies City	YES NO
MEDI		ACE OF INJURY (e. g., in farm, factory, street, office bldg.,		(If in Baltimore City, gi	ve exact location)
	INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F, HOW DID INJU	RY OCCUR?	
-	22. I hereby certify that I attended the	deceased from Sed	T. 1950 to	rule 24 100°C	that I last saw the
		and that death occur	rred at 1:30 P.m., fro6	7 / ' ' '	
	23A. SIGNATURE Plant Education	Day M.D. 2	4-E-33W S	t-18	July 31, 152
24 719	A. BURIAL, CREMA- N. REMOVAL (Specify)	24C. MANE OF CEMETE	BY OR CREMATORY 24D	LOCATION (City, town	county) (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNATU	Tonoter //	25. FUNERAL DIRECTO	Dallamer 1	ADDRESS 2.00F
	CAL REGISTRAR Tuntington	Hierry NAD	Ulland Air	resort Home	Chleaust
	VS 150	. 4			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: before admission) A. STATE A Baltimore City, Maryland c. CITY OR TOWN (If not in hospital or institution, give street address or B. FULL NAME OF location HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) CHUTCH Yrs. D. STREET ADDRESS, (If rural, give location) ngth of stay in Baltimore Days ff Under 1 Year 7. SINGLE, MAPRIED WIDOWED, DTVORCED (Specify) SEX 6. COLOR OR RACE 9. AGE (In years last birthday) Month Days Hours Min 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10. USUAL OCCUPATION Give kind of 12. CITIZEN OF work done during most of working life, wen if retired) INDUSTRY WHAT COUNTRY SCOTLAND, U.K. 10096 WI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 79NN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21c. WHERE DID

INJURY OCCUR?

20. AUTOPSY YES (If in Baltimore City, give exact location)

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDERabout home, farm, factors, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH W 13 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

218. PLACE OF INJURY (e. g., in or

WHILE AT

WORK

m.

DUE TO (C) .

NOT WHILE

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from deceased alive on

24B. DATE

19 2. and that death occurred at _____m., from the causes and on the date stated above.

23 DATE SIGNED

, 19___, that I last saw the

234 SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION. REMOVAL (Specify) BURIAL DATE RECEIVED BY

INJURY

8-2-52

ALTO, Md.

LOCAL REGISTRAR

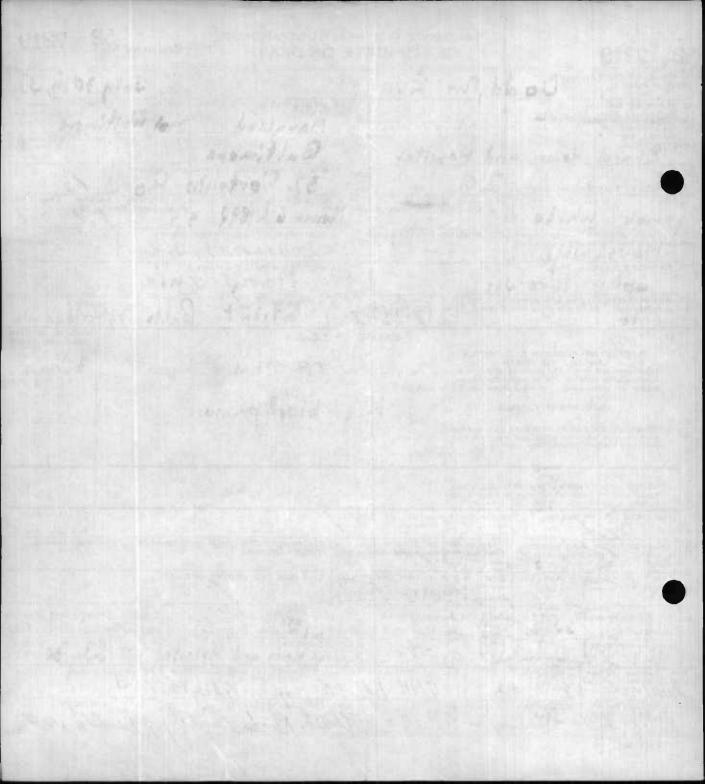
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REGISTRAR'S SIGNATURE

25. FUNERAL PIRECTOR

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

NAME OF DECARD (Type of Print) 3. PLACE OF DEATH 3. PLACE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where decased lived. If institution: residence or Death 5. PLACE OF DEATH 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. DATE 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. DATE 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. DATE 6. COUNTY 6. COUN	CERTIFICAT	E OF DEATH Registered No.
(Type or Print) A. DLACE OF DEATH A. DLACE OF DEA	BIRTH NO.	
3. PLACE OF DEATH Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or i		OF 7, 19 1012
B. FULL NAME OF HOSPITAL OR HO		4. USUAL RESIDENCE (Where deceased lived, If institution: residence
Ingth of stay in Baltimore In	HOSPITAL OR [ocation]	Mary Cound.
10. USUAL OCCUPATION (Givahadal) 108. KIND OF BUSINESSOR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MADE'S LEFT IN U. S. ARMED FORCES) 15. WAS DECEASED EVER IN U. S. ARMED FORCES) 16. SOCIAL (Yes, no or out-loower) 17. INFORMANT 18. CAUSE OF DEATH 19. ALL ADDRESS CAUSE OF DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 19. DISEASE OR CONDITIONS, IF ANY, GIVING RUE TO THE DISEASE OR CONDITIONS, IF ANY, GIVING RUE TO THE DISEASE OR CONDITION ALBST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 21. ACCIDENT WAS UNDER. 21. ACCIDENT WAS UNDER. 21. ACCIDENT WAS UNDER. 21. ALL TIME OF COMMENT OF CAUSED TO THE NUMBER OF CAUSE OF DEATH 21. INJURY WHILE AT NOT WHILE 21. INJURY OCCUR?	Freeklin Lance Hoop	Baltimore 19-04 (winshi)
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15. WAS DECEASED EVER IN U. S. ARNED FORCES? (Yes, no or uokoowe) 18. 760 × 10	13 FATHER'S NAME	Md. WS.A
18. CAUSE OF DEATH CONTACT	Harvard & Garett St.	14. MOTHER'S MATDEN NAME
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WHILE AT NOT WHILE		ED 21F. HOW DID INJURY OCCUR?
m. WORK AT WORK		
22. I hereby certify that I attended the deceased from 7- 28, 1952 to 2-19, 1957 that I last saw t	22. I hereby certify that I attended the deceased from 7-	28 1952 to 7 - 1 9 , 195, that I last saw th
deceased alive on 2 29. 1952, and that death occurred at 64 m., from the causes and on the date stated about	deceased alive on 2 . 29. 1952 and that death occur	
23A. SIGNATURE 23C. DATE SIGNE	23A. SIGNATURE 12	38. ADDRESS 23C. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) (State		RY OR CREMATORY 24b, LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) ALL 1-1957 ALL NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) (State	TION, REMOVAL (Specify)	State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
William William Collins	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

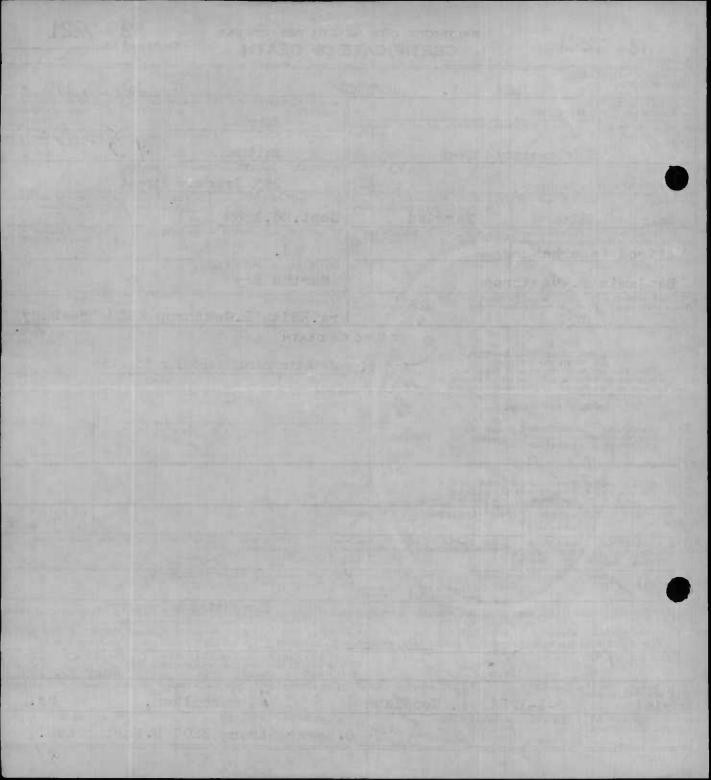
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	EALTH DEPARTMENT 52 7221 E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) JOHN W. GAWTER	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) INSTITUTION 2830 Presbury Street	
71 Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	2830 Presbury Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH Sept. 26, 1880 9. AGE (in years of Under 1 Year of Under 24 Hours of Min. 1 Days of Min. 1 Da
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paperhanger	11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin F. Gawthrop	Martha Roy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs.Edith E.Gawthrop 2830 Presbury
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	sclerotic cardiovascular disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO X
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE M. WORK AT WORK	
the cvidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, S. X., accident \(\subseteq \), suicide \(\supresseteq \), homicide \(\supresseteq \), undetermined \(\supresseteq \).
	238. CHIEF MEDICAL EXAMINER
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial 8-1-1952 Woodlawn	Woodlawn, (State)

Date received by Registrar's SIGNATURE LOCAL REGISTRAR Huntington Wallaurs, Mr. G. HowardStrong 3207 W. North VS 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

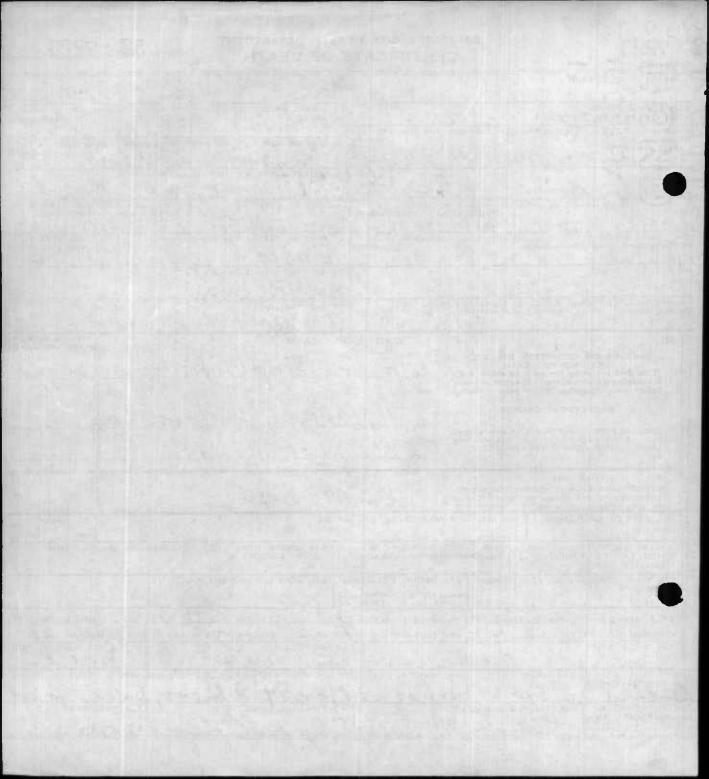
Registered No NAME OF DECEASED 2. DATE (Type or Print) OF Irene ETLEEN WEBSTER July 30, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A Baltimore City, Maryland B. COUNTY before admission) Baltimore (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore City Hospitals Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Crossbill 20vre Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (in years | ff Under | Year | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE La Colored Female Married May 29.190 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Littleton, N. C. Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME June Alston Elizabeth Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Mary Webster, 5611 Crossbill. No None INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the breast (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BORNER ANTECEDENT CAUSES Generalized metastases RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION NO X YES (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) **TINJURY** WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... July 30. MEDICAL INVESTIGATOR 240 NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Buria. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Charles R. Law, 802

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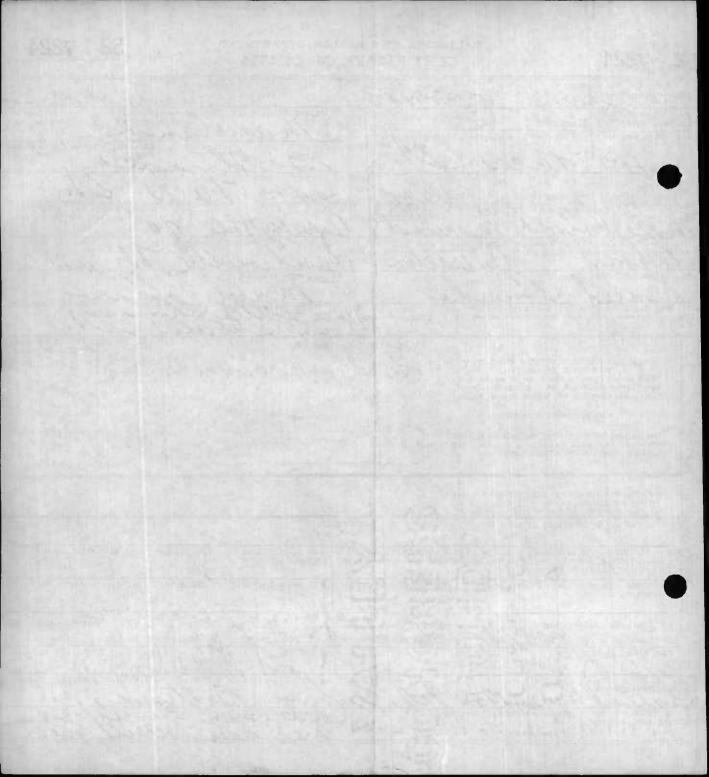
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7223

BIRT	H NO.						
	ME OF D	SAV	Ah	Cridd	10	2. DATE OF DEATH	-31-52
	ACE OF D Itimore (EATH: City, Maryland	Cin	EV.	4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution: residence before idmission)
HOSF	LL NAME	OF (If not in hospit	al or institut	ion, give strect address or location)	c. CITY OR TOWN (II	f outside companie lib	its, write RURAL and give
INSTI	TUTION	2611 Spe	0/1m	An RoAd	BALTIMO	re (Ch	LOYVI (township)
		1	C	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
5. SE		tay in Baltimore	7 SINGLE	Days Days	8. DATE OF BIRTH	ellman 9. AGE (In years)	If Under 1 Year If Under 24 Hours
For	12/0	No Tro	WIDOW	ED, DIYORCED (Specify)	COCH 24.18-68	last birthday) M	Ionths Days Hours Min.
10A. U	JSUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
HA	use 4	vite	no	on C INDUSTRY	EAston,	md.	WHAT COUNTRY?
13. F	ATHER'S	NAME MY //			14. MOTHER'S MAIDEN N	AME	
15. W	DE SEP	ED EVER IN U. S. ARMEI	en FORCES	16. SOCIAL	not Know	w.	
(Yes, no	or nnknown)	(If yes, give war or date	s of service)	SECURITY NO.	GONDUA H	1.1. 6	ADDRESS A M O
18	- /	^ ✓		7,5 - 7 - 0	OF DEATH	FCW; 3	INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY	n	1 1/1	. / .	ONSET AND DEATH
	(This does	LEADING TO DEA not mean the mode of tre, asthenia, etc. It mea	of dying, e.g	(A) HCW	te Mephri	+14	2 duys
	injury or	complication which c	aused death	DUE TO			13 116 1 1 1 1 1
7		ANTECEDENT CAUS	SES	(B) HVE	pertensive.	HEART DIS	esse.
TION	RISE TO T	S OR CONDITIONS, IN	STATING TH	IG /	1		
CA	UNDERLY	VING CONDITION LA	ST.	(c) 11/1/4 K	etes Mei	+15	
<u>E</u>		11					
ERT	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	o (n. f-pro	2c+ 1.06+ t	2.0	
0	TO THE D	ISEASE OR CONDITION	CAUSING I	FINDINGS OF OPER	ATION	- V. C.	20. AUTOPSY?
CAL		0					YES NO
		ENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
2	D. TIME	(Month) (Day) (Year)	Control of the	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE		- 7	
				deceased from C He			2, that I last saw the
	BA. SIGNA		_, 193,	and that death occur	3B. ADDRESS	ne eauses ana on	the date stated above.
	0,0	ver to.	A M	reke- M.D.	127 SWAle AL	16	7-31-52
	BURIAL, REMOVAL (S		-2	Arbutus	Mem Pr. 216	actus, Ba	on, or county) (State)
DATE	RECEIVE L REGIST	1952 Hunt	S SIGNATU	WH	25. FUNERAL DIRECTOR	Laur 805	Mad. Arc.
	VS 150		0			, , , , ,	- JAM - 71 - 5 -

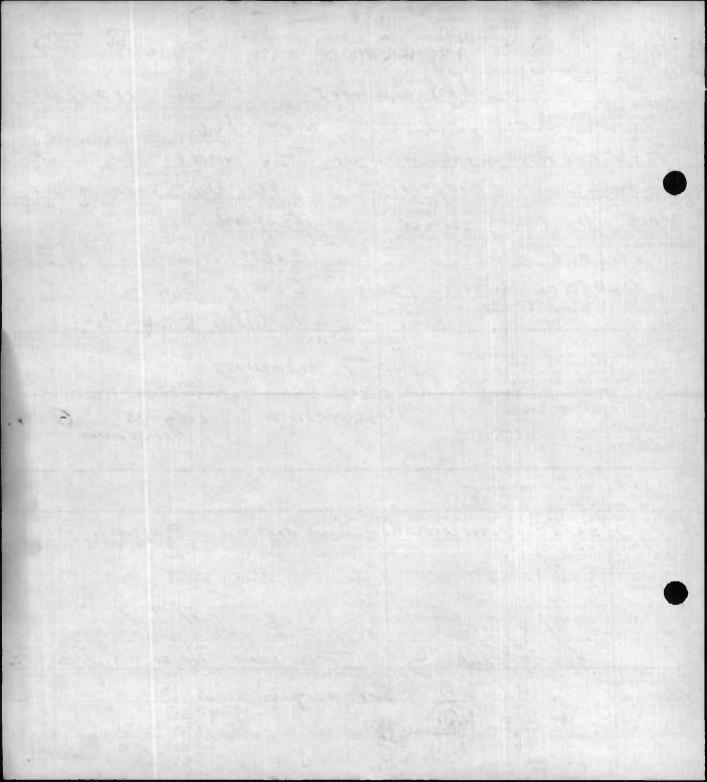


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE (Type or P OF DEATH 3. PLACE OF DEATH (Where deceased lived, If institution; residence 4. UGLIALA B. COUNTY Baltimore City, Maryland before admission) (If not in hospital or institution, give street iddress or B. FULL NAME OF location) HOSPITAL OR write I W.AL and give township) Yrs. c. Length of stay in Baltimore 7. Days AGE (in years If Under I Year II Under 24 Hours Last hirthday) Months Days Hours Min. OCCUPATION (Givekindel BUSINESS OR 12. CITIZEN OF most of working life, even if retired) INDUSTR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from that I last saw the .. and that deat Noccurred at L 4 recauses and on the date stated above. deceased alive on m., from 23¢. DATE SIGNED 23K. S. GNATURE 24A. BURIAL, CREMA TION REMOVAL (Specify CEMETERY (State) REGISTRAR'S SIGNATURE VS 150

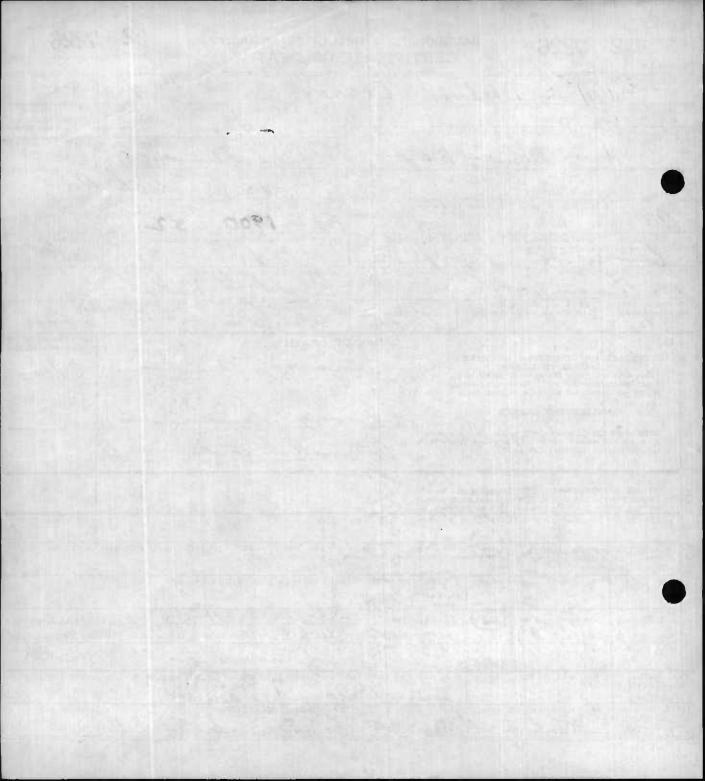


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)	9	CK	95
w/	1	Lil	Carl J
BIR	TH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) EDWARD.W. 6) HITE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived of institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits Frite RURAL and give INSTITUTION PROVIDENT FREE USPENSARY ALTIMORE (If rural, give location Mos. LIFETIME igth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. SINGLE 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY STUDENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, oo or uoknowo) SECURITY NO Rel rone 18. CAUSE OF 50.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., YERI TONITIS (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OFERATION 4 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA PERFORATED CAUCAENOUS APPENDIX O YERS TOWN TOYES 218. PLACE OF INJURY (e.g., io or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that A attended the deceased from . 1932 that I last saw the deceased alive on 7/28 19 52 and that death occurred at 3 A.m., from the causes and on the date stated above. 23s. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) 25. FUNERAL DIRE DATE RECEIVED BY LOCAL REGISTRAP VS 150



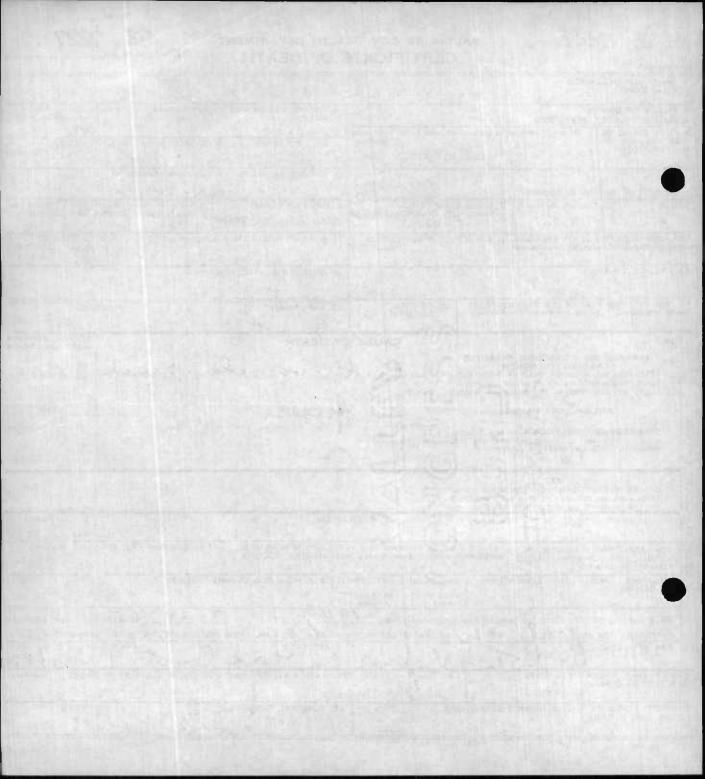
15			1 50	WOO o
JE 1250	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered N	7226
1. NAME OF DECEASED (Type or Print)	/ (00	hnan	2. DATE 7-	29-5-2
(Type or Print) // // // // // // // 3. PLACE OF DEATH: A. Baltimore City, Maryland	man Coc	4. USUAL RESIDENCE (DEATH	
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION	itution, give street address or location)		f outside corporate limit	s, write RURAL and give
And Hilmon	7 Mos.	D. STREET ADDRESS (I	f rural, give location)	Pol
	Days GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year II Under 24 Hours nths; Days Hours Min.
/// W	IND OF BUSINESS OR INDUSTRY	tet 20, 1900	foreign country)	12. CITIZEN OF
13. FATHER'S NAME	you purios.	14. MOTHER'S MAYDEN	NAME /	WHAT COUNTRY?
Mr. Waren Cock 15. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL	Elizabett	Tilgh	DDRESS
(Yes, no or unknowo) (If yes, give war or dates of service	SECURITY NO. 212.01.2461	Mrs. Vilva	Cochran"	Seene,
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e. g., (A) Conserved to the conserved to	or beath nowy the	renbous inclusioni dis venda	ONSET AND DEATH 2 Lis.
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	ATED			
	OR FINDINGS OF OPER	10.00		20. AUTOPSY?
LYING OR CONTRIBUTING about ho	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,		(If in Baltimore City, g	give exact location)
D. TIME (Month) (Day) (Year) (Hour)	2 1E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
22. I hereby certify that I attended to deceased alive on Z-29 5, 19	the deceased from 7	-29-52-19 , to		, that I last saw the
23A. SIQNATURE		23B. ADDRESS	Meneril	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	WOOKLANN	RY OR CREMATORY 124D!	LOCATION (City, town,	or county) (State)
DATE RECEIVED BY - REGISTRAR'S SIGNAL LOCAL REGISTRAR	Villagua MS?	25. FUNERAL DIRECTOR	lone Inc. Ball	ADDRESS
VS 150	2906	3		



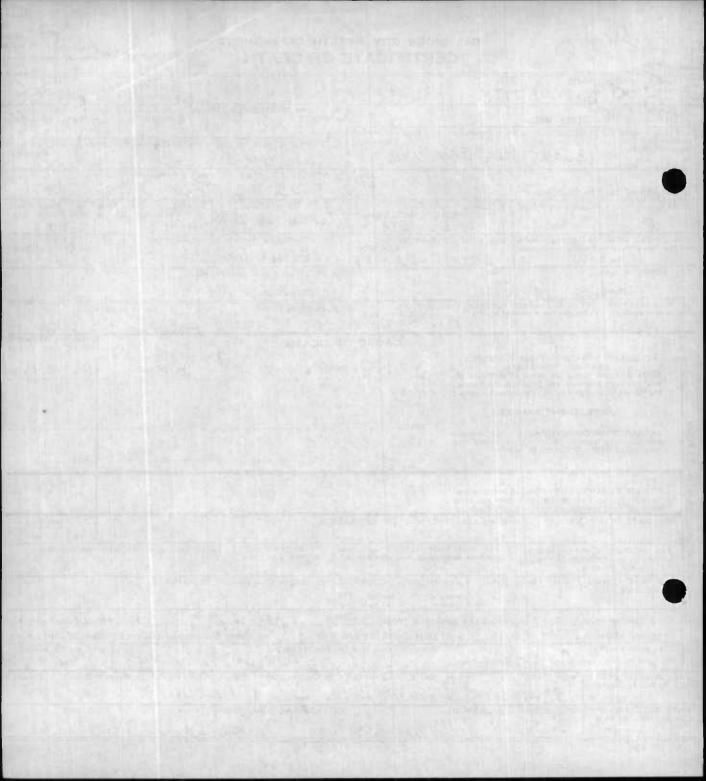
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7227
egistered No.

Bi	RTH NO.			CERTIFICATI	OF DEAT	П		4 110,	
1. (T	NAME OF D	ECEASED		Kill March 1971			2. DATE OF		
			ORSEY I	EVIS			DEATH .T	uly 29.	1952
	PLACE OF D	City, Maryland			4. USUAL RESID	ENCE (Whe	ere deceased lived. B. COUNTY	. If institution before	: residence
В.	FULL NAME		al or institut	ion, give street address or	Md.		Manual Co.	a	
	STITUTION	10 77 13		location)	C. CITY OR TOWN	(If ou	itside corporate li	lits, write R	RAL and give
- 1	60	12 Hadley	Scuare	- North	Baltimor	e	3/6		township)
				Yrs.	D. STREET ADDR		ral, give location)		
c.	Length of s	tay in Baltimore		Mos. Days	12 Hadle	v Squar	e- North		
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, (Specify)	8. DATE OF BIRTH		9. AGE (In years		If Under 24 Hours
	F	TY	Mar	ried	Feb. 2, 18	81	last birthday)	Months Days	Hours Min.
10	A. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or fore	ign country)	12. CITIZ	EN OF
WOL	Home auring most	of working life, even if retired)		INDUSTRY	Durings Co-		263		T COUNTRY?
13	. FATHER'S	NAME		-	Prince Geo			USA	
15	WAS DECEASE	Canter	- FORGERS	1 10 000	?	Barn	ies		
(10	, ao nr unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	[0			None	Mr. Alber	t Lewis	12 Hedl	ey Souar	°e
	18. 44:	2 X - 1		CAUSE	OF DEATH				AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY		1	^		0	AILD DEATH
	(This does	LEADING TO DEA	TH f dying, e. s	(A) Card	is - trasc	ula	, sen	1 3	mes.
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	e,					
				., 502 10	0 .				
_		ANTECEDENT CAUS	ES	6	ruene			-	
ő	DISEASES	S OR CONDITIONS, II	F ANY, GIVIN	(B)	***************************************	••••	***************************************		***************************************
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
U				(C)		•••••	***************************************		
CERTIFICATION		11							
RT		IGNIFICANT CONDI							
H		TO THE DEATH, BUT							
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20.	AUTOPSY?
EDICAL								YES	No 🗌
5	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., is	or 21c. WHERE D	OID (If	in Baltimore Cit;	y, give exact	location)
	LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg., e	to.) INJURY OCCU	JR7			
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID	INJURY O	OCCUR?		
K	INJURY	(, (, (,		WHILE AT NOT WHILE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3005.11		
			m.	WORK AT WORK					
	22. I hereb	y certify that Latt	ended the	deceased from	949 19	_, to_7 ·	29 , 19	57 that I	last saw the
	deccased a	live on 7 - 28	, 1952	and that death occur	red a 6 2 Pm.	, from the	causes and or	the date st	tated above.
	23A. SIGNA	TURE		2 1 2	3B. ADDRESS 0	0			TE SIGNED
		4.7.	Zua	W M. D.	36 YM	K (rur	7/3	4/62
24	A. BURIAL, ON, REMOVAL (S	CREMA- 248, DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24b. LOC	ATION (City, to	wn, or county)	(State)
110	Burial	8/1/52	-	Fort Lincoln C	eza.	Wash	ington, D	. C.	
	TE RECEIVE		S SIGNATU	1 12 6	25 FUNERAL DIR		2 5	ADDRES	S
LC	CAL REGIST	RAR	1.1		New 17	4	1.0	B.11.	ml
#	£ 21 743	1 Sinter	- 1//	14/11/11	Ilm. Y-VIE	rence.	AMA Jane	, racew	. //4
	VS 150	1 months	100	wenny, I	,				



1	34	MARGUE	RIF							
1	52	'7228		LTIMORE CI	TY HE	ALTH DEPARTMENT	5	2 red No.	7228	
В	IRTH NO.	1		CERTIFI	CATE	E OF DEATH	Register	red No		
1.	NAME OF D	MARGUE	ZITE	BART	FL		2. DATE OF DEATH	JULY	24.	52
	Baltimore		-1112	~/////		4. USUAL RESIDENCE (W				esidence admission)
В.	FULL NAME		ital or institu	tion, give street a	ddress or location)	MD.		and the same of th	9	
	NSTITUTION	3502	PLATE	AU AVE		BALTIMORE	outside corporate	8	ite RURA	township)
(Ongth of s	tay in Baltimore			Yrs. Mos.	3502 PLAT	rural, give ocation	n)		
	. SEX	6. COLOR OR RAC		E. MARRIED.	Days	8. DATE OF BIRTH	4-77	rs If Under	1 Year If	Under 24 Hours
	F	W	W	100WE	>	MNRCH 222 1840	9. AGE (in year last birthday	Months	Days H	ours Min.
or	k done during most	CUPATION (Give kind of working life, even if retire	of 10B. KINI	O OF BUSINES	DUSTRY	11. BIRTHPLACE (State or fo			WHAT	OF COUNTRY?
9.5	3. FATHER'S I	LERK	DRY	CLEA	NING	LEBANON 14. MOTHER'S MAIDEN NA	PA.		USA	
	TIL 4	AAUC A	C 1		Ry					
1:	5. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL		AGNES A	7			
Y.	M, no or nnknown)	(If yes, give war or da	tes of service)	2/8-03-	4077		BARTEL	350	0	EAU AVE
	18. 44	3X 1		CA	AUSE (OF DEATH			INTERVAL	BETWEEN
	DISEAS	SE OR CONDITION			Lla.	extensive C.V.	DIAPA	0	11	Lilia
	(This does heart failu	not mean the mode are, asthenia, etc. It m	of dying, e.	g., (A)	77/2	espentitue e vi	1317400	*	OU PU	1 4 7024
	injury or	complication which	caused deatl	n.) DUE TO						
_		ANTECEDENT CAL	JSES							•
0		S OR CONDITIONS		NG		***************************************	*****		*****************	******************
AT	UNDERLY	THE ABOVE CAUSE (A	LAST.	HE DUE TO				5-70		
				(0)		***************************************				
F		II SIGNIFICANT CON								
E		TO THE DEATH, BU					· . · · · · • • • · · · · · · · · · · ·		J	•••••••
J	19A. DATE C	OF OPERATION	198, MAJOR	FINDINGS O	F OPER	ATION	VIII Usaali		20. AU	TOPSY?
S	21. 10010		2 to DI	ACE OF INJURY	V (a a tr	or 21c. WHERE DID (I	f in Baltimore (City give	YES	NO L
MEDI		DENT WAS UNDER- R CONTRIBUTING[DEATH		farm, factory, street, o		6.) INJURY OCCUR?	i in pairimore (only, give	exact loca	ition)
-	D. TIME INJURY	(Month) (Day) (Yea	r) (Hour)	21E. INJURY O			OCCUR? .	III .		
			m.		AT WORK	- 0	. 0. 50			
	22. I hereb	y certify that In	ttended the	deceased from	m_{\perp}	2n 148/10 to				t saw the
	234. SIGNA	live on Sorty	1926,	and that deat		red atm., from the	re causes and			ed above.
		hus C. S	cuch	,	м. р. 5	356 Reislerst	own Ro	1	7/31	1.57
2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	0:- N	24G NAME OF	CEMETE		CATION (City,		ounty)	(State)
		8/2/	52	DOUDON	G KAI		LTIMORE			MP.
D	ATE RECEIVE OCAL REGIST	DAD I I	R'S SIGNATI	JRE		25. FUNERAL DIRECTOR	0	11	DRESS	
	1111 31	1952 Junes	gton V	dualus,	M.P.	I'm I ticknes	1 Aona	Ba	llim	ne
	VS 150			29	80					
				0/						



VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 7229

BI	RTH NO.		(CERTIFICATI	E OF DEATH	Registered 1	No.	THE CO
1.	NAME OF E		10			2. DATE		
		SARA	h /Y.	17035		DEATH 7/	29/52	ζ
	Baltimore	City, Maryland			4. USUAL RESIDENCE (B. COUNTY		residence ore admission)
	FULL NAME	OF (If not in hospit	al or institution	on, give street address or location)		If outside corporate lines	VE	hg a T and a size
11/	STITUTION	25681	Edmo	Ndsan Au	aria ra		S. Wille Ro	township)
7		4,00	-(1)010	LIFE Yrs.	D. STREET ADDRESS (I	MOSON AT	-	
		stay in Baltimore		Mos. Days	V			
5.	SEX	6. COLOR OR RACE		MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year onths: Days	if Under 24 Hours
-10	<i></i>	l W			Oc/ 21-1881	70		
worl	donaduring most	CCUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or	foreign country)	12. CITIZ WHA	ZEN OF T COUNTRY
13	FATHER'S	E D NAME	HOUSE	WIFE	14. MOTHER'S MAIDEN	MD	- +	
	R FO.	ANK Com	1100	NED	FLIARPITI.	Cant	- 61	./
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	1518 A	DDRESS	
(Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	0-+- 0	33 EDMON		Δ
	18. // /	1 × .		CAUSE	OF DEATH	O THE	INTER	VAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	~ A	01.21	10 1000	DNSE	AND DEATH
	(This does	LEADING TO DEA's not mean the mode ourc, asthenia, etc. It mea	of dying, e.g.	, (A) Cente	Circlese Tally	u seema	my 1	
		complication which c			Phemide putra	& Josephan	9 40	O year
		ANTECEDENT CAUS	SES		c annialis of	tabullation (4	year	-) "
0		S OR CONDITIONS, II						_1 4
ATI		THE ABOVE CAUSE (A) YING CONDITION LA		DUE TO CIL	rel Vosculer (Secular	15	hunter
FIC				(C)				
ERTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON-	20	eumstand are	threle	12	yeur
CEF	TRIBUTING	S TO THE DEATH, BUT	NOT RELATED					V
			9B. MAJOR	FINDINGS OF OPER	ATION		20.	AUTOPSY?
CA		un	l ale BLA	CE OF INITIPY (a.e.	or 21c. WHERE DID	(If in Baltimore City,	YES CYNAT	location)
MEDICAL		R CONTRIBUTING DEATH		CE OF INJURY (e. g., ir rm, factory, street, office bldg., e		(II in Baltimore City,	give exact	location)
f	D. TIME	(Month) (Day) (Year)		IE. INJURY OCCURRE	ED 21F. HOW DID INJUF	RY OCCUR?	MEI.	
				WORK NOT WHILE				
	22. I hereb	y certify that I att			1950 to	July 29, 195	?that I	last saw the
	deceased a		, 19.5 , a	nd that death occur	3B. ADDRESS.	the causes and on t		tated above.
	(1)	Tulton be	ropery	M. D.	214 hebre	2 anti alla	7/34	1
2.4 TI	A. BURIAL,	CREMA- 24B. DATE Specify)	0 18	4c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, own	, or county)	(State)
	BURIA		1	ORRAINI	ECTAPAY CE	Mag		
D/	ATE RECEIVE	D BY REGISTRAR	SSIGNATUR	RE	25. FUNERAL DIRECTOR	11 6414	ADDRES	01
	Alig 1 -	1957 4- 4:	+ 111	H. 110	Man 10 lause	(1) Winds	manuel	11 190

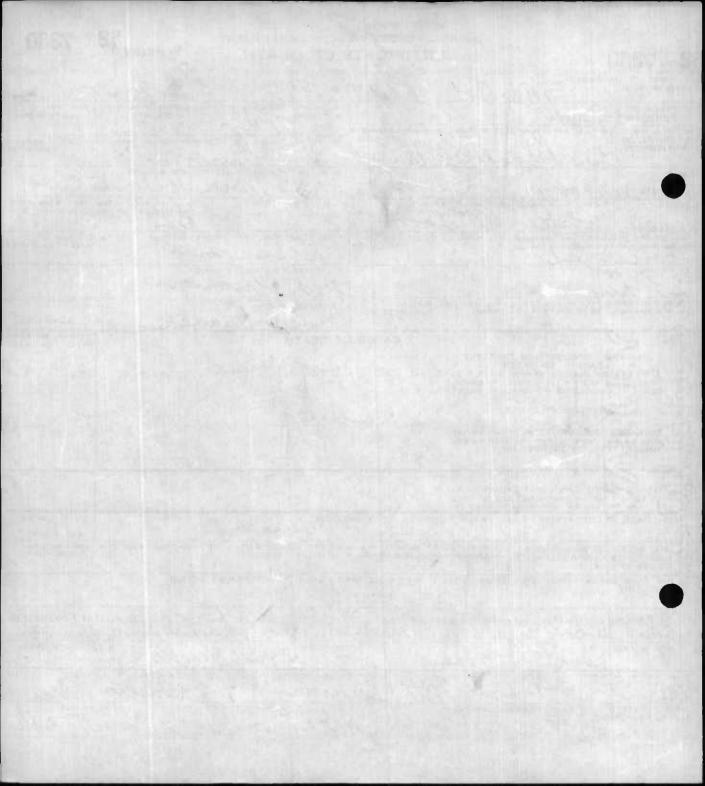
Di Hierfreryer Mulack

#	3	4	6
5	DI RTH	1 NO	230

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	59	MOOD
Registered	20	7230
Registered	No.	

254	ATTI BOP - 0					
1. (T:	NAME OF DECEASED SARAH BUT	LER 2. DATE OF DEATH 7-3	1-52			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence hefore admission)			
В.	FULL NAME OF (If not in bespital or institution, give street address or SPITAL OR location)		176			
IN	STITUTION 3833 Park Heights aux	c. CITY OR TOWN (If outside corporat) limits, w	township)			
	Yrs.	D. STREET ADDRESS (If rural, give location)	- 6			
a	ngth of stay in Baltimore 45 Moor Days	3833 Jack Seight	s ave			
5	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)		er i Year If Under 24 Hours			
70	male white widow	1 02				
work	A., USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTyPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
7	itte Kun Van	may know				
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT A ADD	RESS			
(You	, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Tand Auraes 6	Lame			
	18. 157 x and 260x CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., (A)	en of Voverees	2 200			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES (B) Dialete					
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	ace,	093			
Ϋ́ΤΫ́	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
0	(C)					
RTIF	OTHER SIGNIFICANT CONDITIONS CON-					
W	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?			
CAL	cleaver of		YES NO			
MEDIC	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (e. g., indeed, of the property of the p	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)			
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR					
II.	m. WHILE AT NOT WHILE MY WORK AT WORK					
	22. I hereby certify that I attended the deceased from	7 et 1952 to fell 3/, 19521	that I last saw the			
	deceased alive on 31, 19 5 Zand that death occu					
	1 11 00 0100	3 7 00 Parly Height &	Toll 3/853			
24	BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION City, town, or	county) (State)			
Tie	REMOVAL (Specify) 8-1-52 / 1th Cal	ruel ? ? Hatte	Ma			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR	DDRESS			
	AUC 1 - 1952 Huntington Williams MAR	talk pewis The 7100 6	waw /			
	1405 150					



5	2 7231	BALTIMORE CITY HE CERTIFICATE		Registered No.	7231
BI	1RTH NO.				
1. (T	NAME OF DECEASED Sype or Print)	Polster		2. DATE OF DEATH July	29,1952
Α.	. PLACE OF DEATH: Baltimore City, Maryland	octors Hospital	4. USUAL RESIDENCE (W		tution; residence before admission
H	FULL NAME OF (If not in hospital or OSPITAL OR OSPITAL OR OCCUPANT)	institution, give street address or location) Ho Sp(fa (c. CITY OR TOWN (If	outside corporatorists, w	ite RUAAL and give township
(Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural give location)	1,
		Days SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year If Under 24 Hours
	male White	WIDOWED, DIVORCED (Specify)	May 21, 1857	last birthday) Months	
10 worl	DA. USUAL OCCUPATION (Give kind of kdoneduring most of working life, even if retired) Real Estate	NIND OF BUSINESS OR INDUSTRY OWN BUSINESS	11. BIRTHPLACE (State or for Maryland	preign country) 12.	CITIZEN OF WHAT COUNTRY USA
13	3. FATHER'S NAME	Our Dabinobb	14. MOTHER'S MAIDEN NA	AME	0.011
	? Polster	Margaret ?			
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FOR es, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL rvice) SECURITY NO. NO NO	Mrs. Anna R.		Ess 18
CERTIFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ing, e. g., (A)	Nephroxle	erosis osis	INTERVAL BETWEEN
CEF	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED JSING IT.	dentity		20. AUTOPSY?
EDICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A ACCIDENT WAS LINDED 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give				
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (11 in Batching City, give 1 in Jury OCCUR?)				
-	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from 20, 19 5, to guly 29, 19 5, that I last saw deceased alive on 21, 19 5, and that death occurred at 1/2 mm/9 for the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 223C. PATE, SIGNI				
	Louis R. M	aren M.B. M.D.	4335 Parl 18	gusun	7/30/52
Z.	4A. BURIAL, CREMA- ON, REMOVAL (Specify) burial 8/1/52	24c. NAME OF CEMETE Lorraine P.	m [67 f]	Battimore, Mo	

8/1/52 Lorraine Park Cemetery
REGISTRAR'S, SIGNATURE HENRY SANDER
HUNTINGTON Williams, M. BALTO. 13.

Md. ING. ADDRESS

DATE RECEIVED BY

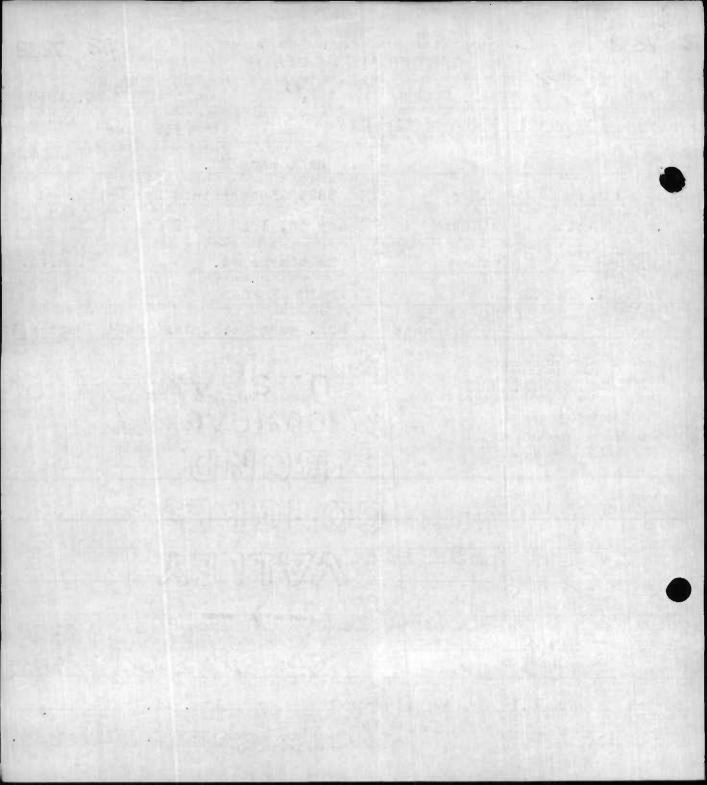
4335 Poule Mts. one.

9272 .. F-

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

istered No. 52 7232

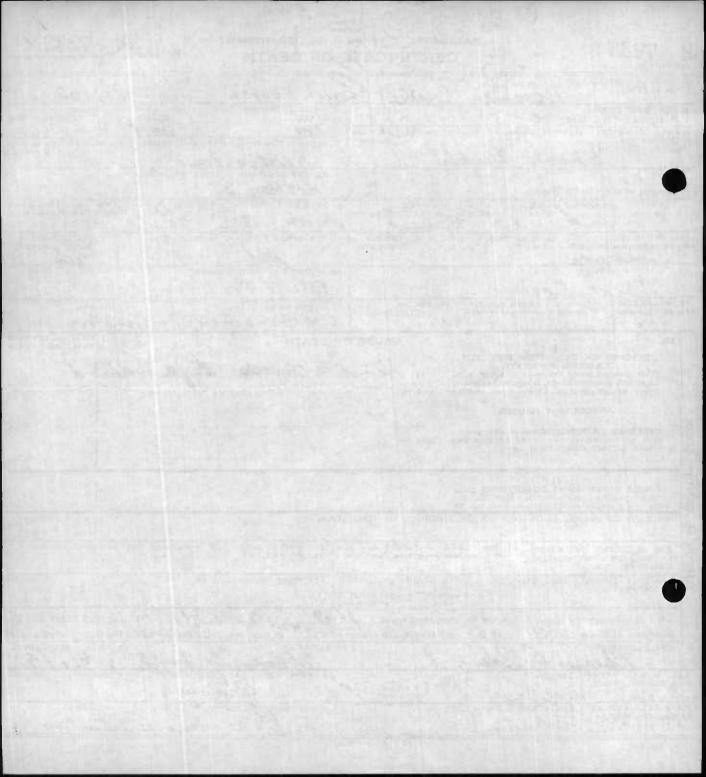
BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF MARY E. HOOPER DEATH JULY 30. 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: VETATE 3624 A. Baltimore City, Maryland 3624 Chesterfield Chesterffeld Ave (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Md. D. STREET ADDRESS (If rural, give location Mos. Life 3624 Chesterfield Ave Balto. Md c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED DVORCED (Specify) 9. AGE (In years If Under I Year II Under 24 Hours last hirthday) Months Days Hours Min. 5 SEX 8. DATE OF BIRTH F. May 15. 1880 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Baltimore Md. none U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE REDMOND HUGH A. CRAVEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Rose De.Fontes(3624 Chesterfie None INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT Mars 1, 1950 to 195 That I last saw the 22. I hereby certify that I attended the deceased from. 1987, and that death occurred at 8 15 m. from the causes and on the date stated above. deceased alive on Mac. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c, NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) Newl Catherdral Burial Balto. Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Moran 3000 E. Baltimore St. VS 150



BEASMAN BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X Registered No. 7233

BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	(Hattiel Ha	rriet Louise	2. DATE OF DEATH	11/52			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institut			Dalt				
HOSPITAL OR INSTITUTION University Hospi	ice location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 424 Main 5 T					
	E, MARRIED, PED DIVORCED (Specify)	8. DATE OF BIRTH March 8 1882		f Under 1 Year M Under 24 Hours onths Days Hours Min.			
10A. USUAL OCCUPATION (Glvekind of vork done during most of working life, even if retired)	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Frank Yingling		Ella F Fox					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT CM Beasma		STOWN .Md			
LEADING TO DEATH (This does not mean the mode of dying, e. g. heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE	(B)						
TO THE DISEASE OR CONDITION CAUSING I	RATION		20. AUTOPSY?				
D D D D D D D D D D D D D D D D D D D				YES NO			
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) INJURY OCCUR?							
INJURY	21E, INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?				
22. I hereby certify that I attended the	22. I hereby certify that I attended the deceased from 129 1922, to 1952 that I last saw t deceased alive on 1952, and that death occurred at 2 mm., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE						
deceased alive on 8/1, 1952,	and that death occur	rred at 24 Am., from th		he date stated above.			
Charles Od Holam.	M. D.	Universel	Hortel	23c. DATE SIGNED			
24A. BURIAL, CREMA- TION REMOVAL (Specify) Purial Aug. 3-52	AVI- Sein S	m. 0.	CATION (City, town	, or county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATULE AND REGISTRAR'S SIGNATURE TO THE PROPERTY OF THE PROPER	IRE A A	25. FUNERAL DIRECTOR	Sms Ru	tintun			
VS 150	7/12	//					

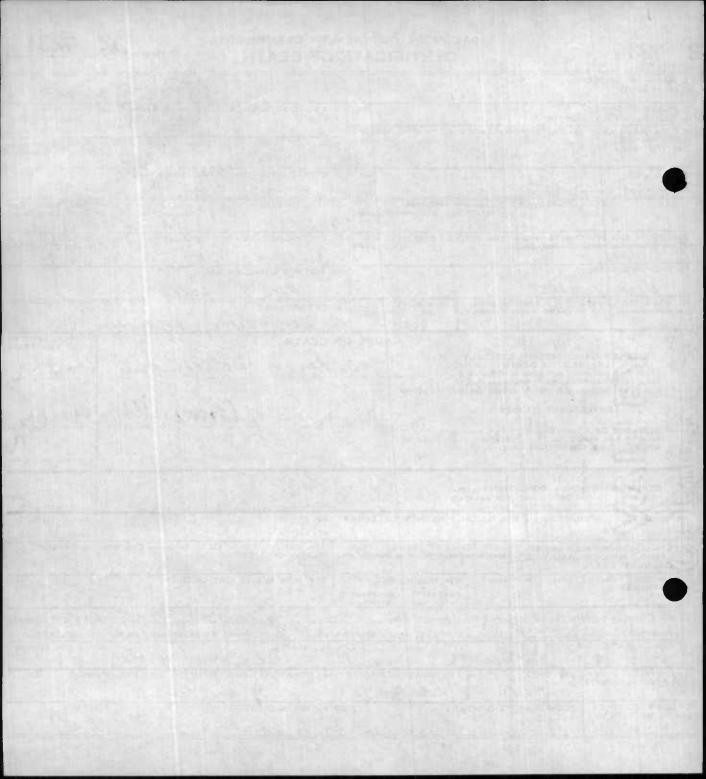


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

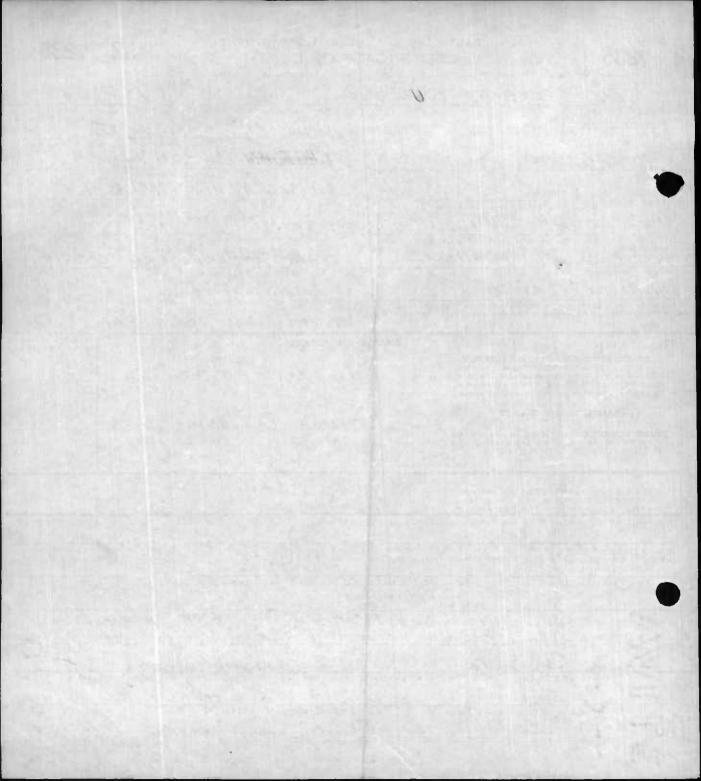
Registered No. 7234

BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	ER - ELSIE L.		2. DATE OF DEATH JUL. 3/	1. 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 1928 Walbre	al or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, wright RULE L and give township)					
c. Length of stay in Baltimore	Yrs. Mos. Days	Daltimore D. STREET ADDRESS (If rural, give location) 1928 Welbrook Ave					
5. SEX 6. COLOR OR RACE	7. SHICLE, MARKIED. WIDOWED, DWORSED (Specify	8. DATE OF BIRTH	9. AGE (In years Il Unda	Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, eveo if retired)	108. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME HUGH TRIDLETT		14. MOTHER'S MAIDEN NAME MARY M. PIDCLEY					
15. WAS DECEASED EVER IN U. S. ARMEL Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. None	17. INFORMANT	ADDR				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Sensyalized Corcininates Stanting The Underlying Conditions con-							
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		RATION		20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?							
INJURY (Month) (Day) (Year) (Hour) (Month) (Day) (Year) (Hour) (And While at work at work)							
22. I hereby certify that I attended the deceased from tark 1951, to 1952 that I last saw the deceased alive on 39, 1952 and that death occurred at 1045 m., from the causes and on the date stated above. 23. SIGNATURE							
244 BURIAL, CREMA- 248, DATE FION, REMOVAL (Specify)	24C, NAME OF CEMETE LORLATME LE		CATION (City, town, or o	county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS AND 1 - 1059 Huntington Williams Mot Mm. Justice Son Son Bulls Mid.							
VE 1EO	7						



CERTIFICATE OF DEATH Registered 20 7235

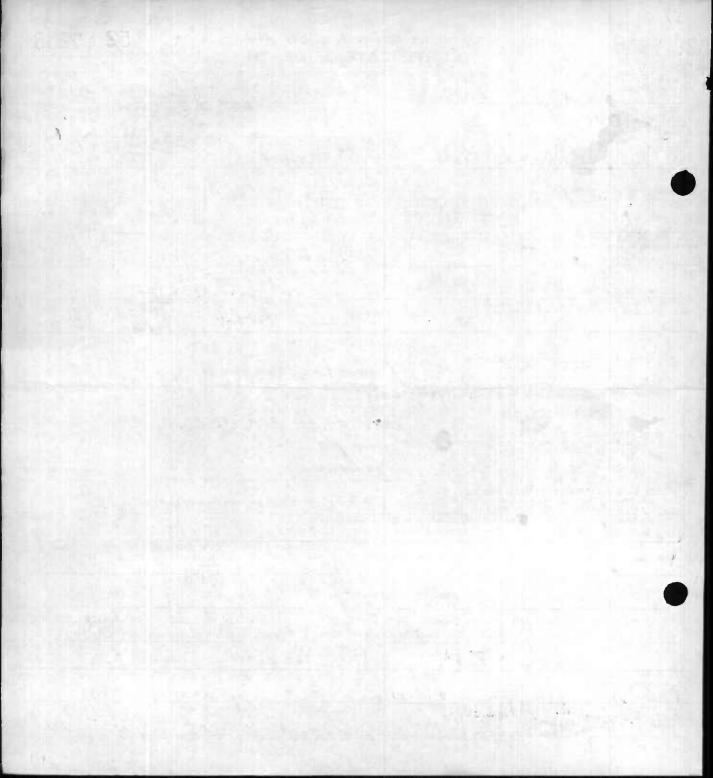
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MR. BERKELEY COURTNEY	2. DATE OF DEATH 7-30-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR location) Incation (Incation) INSTITUTION MEMORIAL HOSPITAL	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE YLAND BALTIMORE before admission)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 20 MVRRAY HILL CIRCLE
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WHITE WIDOWED. DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year In Under 1 Year Min. Nov. 20.1895 Solve Service Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 570CKBROKER INDUSTRY	MAKETOTITUD SPRINGS W.VA U.S. H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
REV. MARTIN H. COURTNEY.	ROSELIE CHANEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) ?	17. INFORMANT ADDRESS HR. JANES B. DIGGS. 1904 FIRST NATL BANK
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 1-30, 1952, and that death occu	AM 7-30, 1952, to 1:40 AM 7-30, 1952, that I last saw the rred at 1:40 Am., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
BURIAL 8/2/52 ALL SAINTS	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR AUG 1 - 1952 Huntington Williams, My	Mm. J. Tuckner & Sons Inc Bello MA
vs 150 2967 2	2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7236
Registered No. 7236

BI	RTH NO.			•			
(T	NAME OF DE	MRS. OA	APA	UL		DEATH	Y 30, 1952
B. HC	FULL NAME COSPITAL OR STITUTION	ity, Maryland		tion, give street address or location)	4. USUAL RESIDENCE (A. STATE MD. C. CITY OR TOWN (A. SALTINOR E.	B. COUNTY	institution: residence before admission) ts, write D. Rall and give (township)
		ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1	f rural, give location)	
5.	The second second	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH OCT. 1, 1921		If Under I Year It Under 24 Hours onths Days Hours Min.
worl	A. USUAL OCC. done during most of	working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or BALTIMORE	Md.	12. CITIZEN OF WHAT COUNTRY?
	F.C. HE	TTINGER			Sopora L.	Bliss	
(Ye	. WAS DECEASED s, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT BRA	NTON PAR	
	(This does heart failur injury or	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It me complication which	TH of dying, e. ans the diseas caused deat	g., (A) CERE	OF DEATH	15	interval between onset and death 36 Hours
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					IL OF RT. KIB	(6 PAYS)
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				RALYIIS, POST POL	OMBUTIC,	ONRNAWA
7		7, 1952.		EPAROSIS, RT			20. AUTOPSY?
MEDICA	21A. ACCIDEN		21B. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg.,	or 21c. WHERE DID	(If in Baltimore City,	
	INJURY	Month) (Day) (Year		21E. INJURY OCCURRING NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
		ve on July 30		and that death occur	red at 7:40 pm., from 3B. ADDRESS	the causes and on t	
THE	BURIAL CONBEMOVAL (Sp. Burial	8a	53	MOYELAND	RY OR CREMATORY 24D.	BASETOS	Md
LC	AN GREGIVED	952 REGISTRAR	s SIGNATI	Villiams My	Conard &	nek 53	os Varford
	VS 150		0				



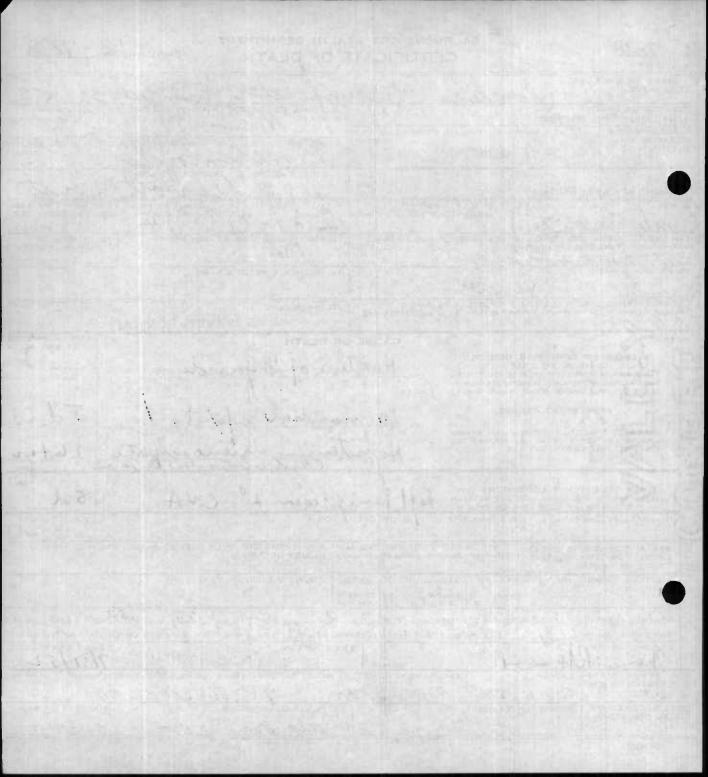
5 LT 2 7237 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

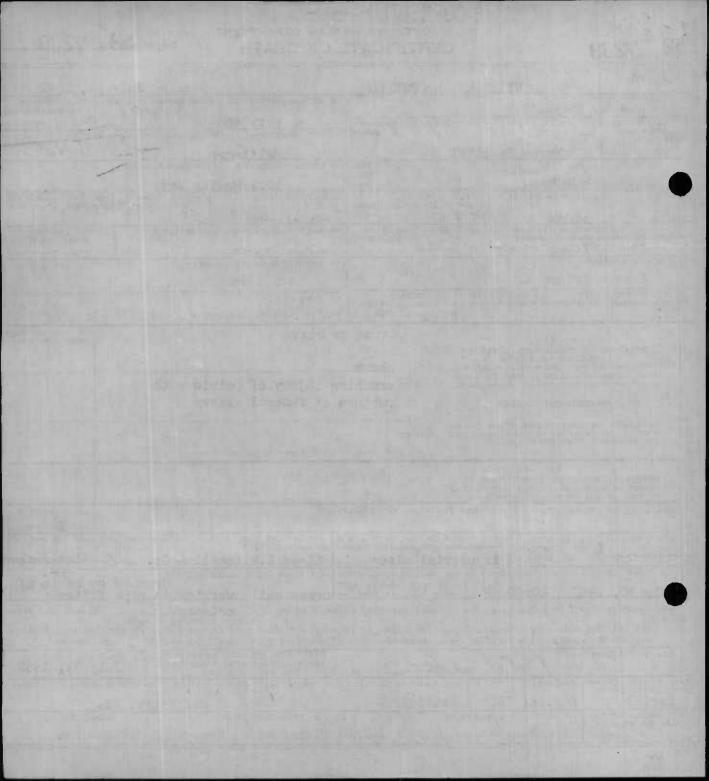
Registered No. 7237

1. NAME OF DECEASED (Type or Print) Edna M.Ponzillo	Te of I		2. DATE OF July	y31,1952
S. PLACE OF DEATH: A. Baltimore City, Maryland 1800 E. Federal S E. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR	t address or	4. USUAL RESIDENCE (WA. STATE 1800 E. Federal	There deceased lived. In St. St.	before admission)
INSTITUTION	location)	C. CITY OR TOWN (If Baltimore Md.	outside corporate Fina	its, wite RURAL and give township)
ength of stay in Baltimore Life	Yrs. Mos. Days	D. STREET ADDRESS (If:		
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCE MARRIED. MARRIED.		8. DATE OF BIRTH Aug.17,1898	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) **RONE 10B. KIND OF BUSINE none 1	SS OR NDUSTRY	11. BIRTHPLACE (State or for Baltimore Md.	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Harry Parlett		14. MOTHER'S MAIDEN NA Margaret Ada		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	ITY NO.	17. INFORMANT FrankJ. Ponzillo	1800 E.F	ADDRESS aderal St.
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II	hy	sextensing	disiase	3 days
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS	crio	no schuss		Jgno
	RY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City,	YES NO give exact location)
INJURY One of the state of the	OCCURRE NOT WHILE	D 21F. HOW DID INJURY	OCCURT	
22. I hereby certify that I attended the deceased freedeceased alive on 7/3, 195, and that deceased alive on 23A. SIGNATURE	ath occurr	red at 3 P. m., from the 3B. ADDRESS	/	that I last saw the the date stated above.
Durial August 4/52 Ho Ty Repair Received by Registrar's Signature.	decher		DCATION (City, town	
VS 150		Philip Sterre	rf Sons 202	4 Orleans St.
10 100		1		

Sis	5/4 7238 IRTH NO.		BA	LTIMORE CITY HE			ed 52 7238
(NAME OF DECEA	1/s	nelia	a Me	infelde	2. DATE OF DEATH	
A	Baltimore City,	Maryland	tol on in stitue	tion, give street address or	A. STATE	B COUNT	d. It institution residence before admission
H	OSPITAL OR	HOPKII		location)	Bal	Consider Corporated	linkts, write PURAL and give township
	ength of stay in	n Baltimore		Yrs. Mos. Daye	D. STREET ADDRES	S (Hrura) give location	t Court
Pe	male 1	hite	WIDOV	E. MARTED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last hirthday)	s h Under I Year If Under 24 Hours Min.
WOI	DA. USUAL OCCUPA k doue during most of working AT HOME	ng life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BURTHRLAGE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	S. FATHER'S NAME	Ke	nker		14. MOTHER'S MAIE	DEN NAME	
(Y	5. WAS DECEASED EVE	R IN U/S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HOSPIT	ADDRESS
	18. 420.1			CAUSE	OF DEATH	HOTKINS HOSPH	INTERVAL BETWEEN
	DISEASE OF	henia, etc. It mes	TH of dying, e. p	se,	ture of Muy	ocardum	
Z	ANTE	CEDENT CAUS		(B) Mujo	randial &	nfanet	5d
ERTIFICATION	RISE TO THE AB	OVE CAUSE (A)	STATING TI	(C) Huffe	tensing an	tenoscles	tu 26+yrs
CERTIF	OTHER SIGNIF	HE DEATH, BUT	NOT RELATI	ED dolt home.	pligin 2'	° CVA	52
	19A. DATE OF OP	ERATION D	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
MEDICAL	21A. ACCIDENT \ LYING OR CON CAUSE OF DEAT	TRIBUTING		ACE OF INJURY (e. g., is farm, factory, street, office bldg., c			ity, give exact location)
	INJURY (Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		NJURY OCCUR?	
	22. I hereby cert deceased alive or	A / W	1-7	deceased from 7/	27 1952	to 7/3/, 1	952, that I last saw the on the date stated above
	23A SIGNATURE		, 19 <u>3 —</u> ,		38. ADDRESS	KINS HOSPITAL	23¢. DATE SIGNED
	4A. BURIAL, CREMA ON, REMOVAL (Specify		100	24C. NAME OF CEMETE		24b. LOCATION (City, t	own, or county (State)
D	ATE RECEIVED BY	REGISTRAR	SSIGNATI	JRE CHI	25. FUNERAL DIREC	TOR BATE	ADDRESS 2005
=	AUG 7 - 1957	4 Hintin	gton V	Miliaus, M.P.	ULLRICH FUN	ENAL HOME	ORLEAM (5



Registered No. 7239 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH July 31, 1952 WILL.TAM. McCONNELL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Mercy Hospital Baltimore O. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 1222 Hewitt Way 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (ln years Months Days Hours Min. WIDOWED, DIVORCED (Specify) Married Jan. 1. 1895 male 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) TOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Steam fitter Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph McConnell Ada Dare 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Mary McConnell 1122 Hewitt Way No. 214 03 6904 12.3 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ...Shock (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO crushing injury of pelvis with rupture of femoral artery ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-OTING CAUSE OF DEATH 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) industrial place Lloyd E.Mitchell & Co.-4605 Reisterstown 21F. HOW DID INJURY OCCUR? Crushed by cabin of 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY ply 30. 10:00 crane while working as pipe fitter 22. I certify that I took charge of the remains described above, held an _ I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: ratural causes [], accident T, suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 2 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 31, 1952 MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Burial 1952 Baltimore ... Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR untrylow Ullrich Fune al Home 2008 Orleans St. 7424



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7240

BIRTH NO.	
1. NAME OF DECEASED Phillip John Fis	cher 2. DATE July 30,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
INSTITUTION 1919 E FAIRMOUN AUX	BALTIMORE 6-0 4 (wiship)
ength of stay in Baltimore 65 Yrs.	1919 E FAI PM UNIT AVE
MALE White Widowed, Divorced (Specify)	Feb. 24, 1870 82 +-
10A. USUAL OCCUPATION (Give kind of ork dong during most of working life, even if retired) BAKES # P	GERMANY IL.S.A.
13. FATHER'S NAME Whichown	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or puknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	William Fischer 1919 E FAIRMING
18. 4.2010 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) CARO	NIE Myocarditis + 3 5 yes
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	JCARDIAL Degeneration
Z (B) A CINI	icular tibrillation 44R8
DISEASES OR CONDITIONS, IF ANY, GIVING	
UNDERLYING CONDITION LAST!	Riosclenotre HEART Disense?
OTHER SIGNIFICANT CONDITIONS CON-	.1.4
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eni/i/4
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from No.	tembe 15, 19\$8 to July 30, 1952, that I last saw the
deceased alive on July 28, 1952, and that death occur	rred at 10 Am., from the causes and on the date stated above.
23A. SIGNATURE N. Brilen M.D.	23B. ADDRESS Old Frederick Rd 23c. DATE SIGNED 7/30/52
TION, REMOVAL (Specify)	RY OR CREMATORY 24B. LOGATION (City, town, or county) (State)
BURIAL AUG. 2.1852 LOVDON PA	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 2001
AUG 1- 1902 " January Volumens, My	ULVRICH PUNEROU HOME ORLEANS IT

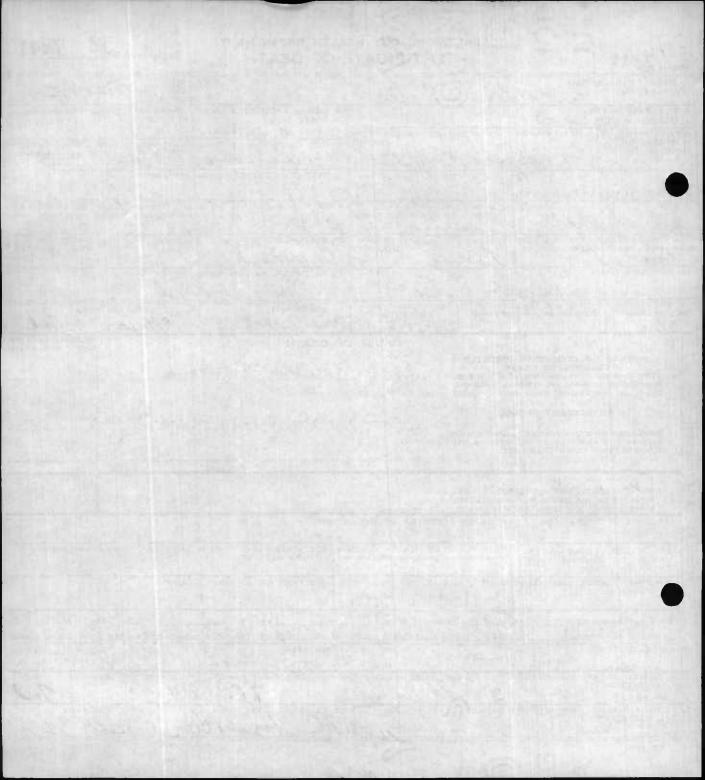
PRINTED AND STATE OF THE STATE The Committee of Assessment - In the second E STATE OF S AND THE STATE OF T the tend to be the male to be what he is

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BIRTH 7241	

BALTIMORE CITY HEALTH DEPARTMENT

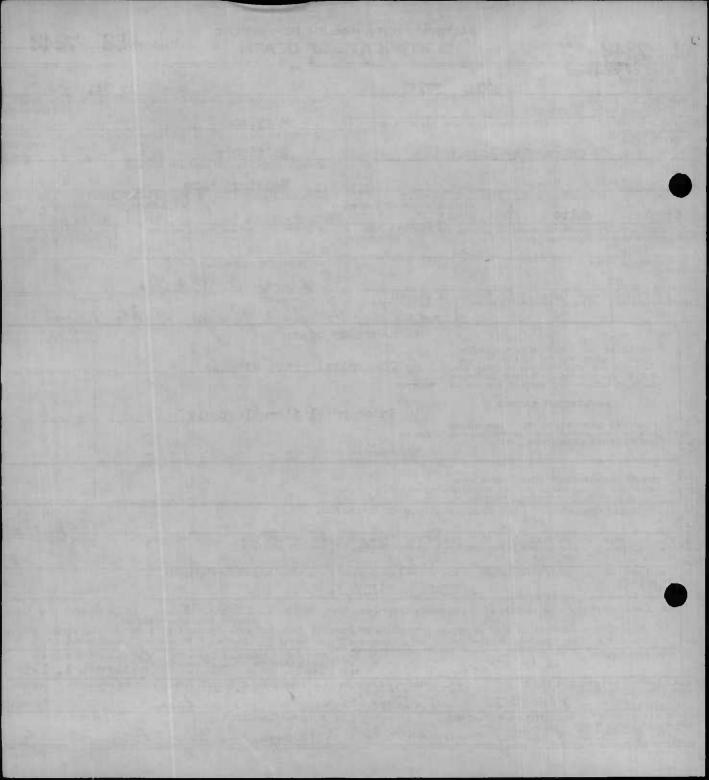
	52	7241
egistered	No.	1641

61	RTH N6:	l	CLIX	THICAIL	OI BLAITI		
	NAME OF E	DECEASED Wil	liam S.	ites		OF DEATH & -	1-1952
	Baltimore (City, Maryland			4. USUAL RESIDENCE (VA. STATE	Where deceased lived, I	f institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, give	1 A? \	marylan (1)	outside corporate limi	its, write RURAL and give
1	00	ST. Ag	nes Hosp	utal,	Harlem Lodg	e Ellies	If Contownship)
C.	ength of s	stay in Baltimore		Yrs. Mos. Days	S. STREET ADDRESS AT	rural, give location)	300
N	nale	white	7. SINGLE, MARR WIDOWED, DJV	OROED (Specify)	3-30-83	69	If Under 1 Year If Under 24 Hours onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	Stocey	SINESS OR INDUSTRY	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	c Site	- (19)	4. MOTHER'S MAIDEN N.	AME Park	
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMER (If yes, give war or date	of service) SE	CCIAL CCURITY NO.	7. INFORMANT MAS mabel Sit		ADDRESS ALL
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO DEATS IN TO THE ABOVE CAUSE SOR CONDITIONS, INTELLIGIBLE CONDITIONS, INTELLIGIBLE CONDITION LA	H f dying, e. g., (ns the disease, aused death.) ES ANY, GIVING STATING THE DU ST.	Е ТО	Vasculare Thror Veretic Condia U		ONSET AND DEATH
CERT	TRIBUTING	BIGNIFICANT CONDI TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
AL	19A, DATE (OF OPERATION 1	98. MAJOR FINDIN	NGS OF OPERA	TION		20. AUTOPSY?
MEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF about home, farm, factor	INJURY (e. g., in o y,street,office bldg., etc.		If in Baltimore City,	give exact location)
~	INJURY	(Month) (Day) (Year)	(Hour) 21E. INJ while at work	NOT WHILE	21F. HOW DID INJURY	Y OCCUR?	
			$\frac{19}{5}$, and the	at death occurre	ad at 5 43 A m., from t		that I last saw the the date stated above.
ZA TIC	Serial (S	CREMA- 24B DATE			OR CREMATORY 240. L	CATION (City, town	n, or county) (State)
	ATE RECEIVE CAL REGIST AUG		signature	us My	5. FUNERAL DIRECTOR	clam cell	ADDRESS Red Prod
	VS 150	·		2900	6A		

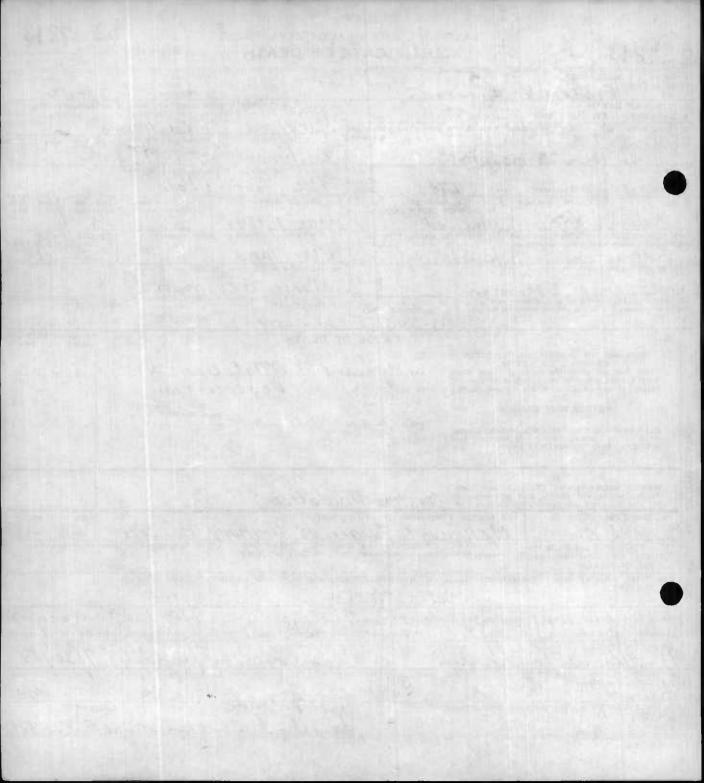


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10	00		BA	LTIMORE CITY HI	EALTH DEPARTMENT		wo 10
5	THE 1724	2 Non Kes)	CERTIFICAT	E OF DEATH	Registered N	7202
	NAME OF DE	ECEASED				2. DATE	
			ARNELL	PERRY		DEATH JULY	1, 1952
	Baltimore C	City, Maryland			4. USUAL RESIDENCE (Wh	here deceased lived. If in B. COUNTY	nstitution : residence before admission
	FULL NAME	OF 'f not in hospit	al or institut	tion, give street address or location)		1 arti	morre-
	NSTITUTION	** **	- TT 7		C. CITT OR TOWN (III	outside corporate limits,	write RURAL and give township
-		University	y Hospi	.UA1 Yrs.	Baltimore p. STREET ADDRESS (If re	ural, give location)	
	ength of st	tay in Baltimore		Mos. Days	Reisters La		
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) # U	Under 1 Year If Under 24 Hours
	female	white	SIN	VED, DIVORCED (Specify)	10-14-1951	last birthday) Mon	ths Days Hours Min.
To Work	DA. USUAL OCC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or for		12. CITIZEN OF
	none	woraming inte, even in recired)	no	INDUSTRY	maryland	La Company	WHAT COUNTRY
1.	3. FATHER'S N	AME			14. MOTHER'S MAIDEN NAM	ME /	
	Joseph	E Herr	щ		Thelma a 9	I halen	
(Y	5. WAS DECEASE	D EVER IN U.S. ARMED	ORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
-	NO			noul	Joseph & Perry	& Balta	7 ml
1	18. 754	1.4		CAUSE	OF DEATH		INTERVAL BETWEEN
п	DISEAS	E OR CONDITION	DIRECTLY				
	(This does heart failur	not mean the mode ore, asthenia, etc. It mea	f dying, e.	g., (A)Congen	ital heart disease	[************************************	*****
	injury or	complication which c	aused death	1.) "002 TO"			
1		ANTECEDENT CAUS	ES	Fndoos	rdial fibroelastos		
Z	DISEASES	OR CONDITIONS, II	F ANY, GIVIN	NG .	rarar liprocrascos	T.B	***************************************
TION	UNDERLY	HE ABOVE CAUSE (A) ING CONDITION LA	STATING TI				
FICA				(C)		***************************************	
보	OTHER SI	II IGNIFICANT CONDI	TIONS CON	٧.			
ERTI		TO THE OEATH, BUT					
Ü	19A. DATE OF	F OPERATION 1	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL			1				YES X ND
DIC,	UNDERLYING	AL CAUSE WAS		ACE OF INJURY (e. g., li arm,factory,street,office bldg.,e		in Baltimore City, giv	ve exact location)
MEG		AUSE OF DEATH.	(**				
1	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
К	- X - 116		m.	WORK LAT WORK			
				remains described a	Autopsy, In	spection or Inquiry	thereon and from
	the evid	lence obtained by the in my opinion	said Auto resulted f	psy, Inspection or I	nquiry, find that said dece T, accident \(\Bar, \) suicide \(\Bar}	eased died on the	day stated above,
	23A. SIGNAT		7-		238. CHIEF MEDICAL EX	AMINER 23c.	DATE SIGNED
		1/5/	1/1	hor M.	D. MEDICAL INVESTIGATOR	AMINER	just 1, 1952
TI	AA. BURIAL, CI	REMA- 248. DATE		AC. NAME OF CEMETER	RY DR CREMATORY 240. LOC	ATION (City, town, or	r county) (State)
-	Bural	8-4-5		Loudon S	ark' Bal	llemore	md
1	ATE RECEIVED CAL REGISTR	APO REGISTRAR'S	Jun 1	PE'II	25. FUNERAL DIRECTOR	1	ADDRESS
-	AUG I	304 7 Juntu	glow b	Vallacies, My	C C Hyenbots	um Elle	cold fely
/	101		11				

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155	FO WO 45
BALTIMORE CITY HE	
PARTH NO.43 CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Frederick Elerman	2. DATE OF DEATH 7-30-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland Baltimore
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Life Mos. Days	1416 Harford Koad
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under Year If Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	Mary land WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. George Elerman	Marie Gessman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, giva war or dates of service) 16. SOCIAL SECURITY NO.	Decease July Eierman 7416 Harforth
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Degeneration ? 5 yrs.
injury or complication which caused death.) DUE TO	Degeneration
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
di Dinderetting Condition Exst.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. GUSTING	latation;
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	1 11 D
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	
	tc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	7/2/ 10(4) 7/30 10(4)
	1954, to 1954, that I last saw the
1 4 SIGNITURE	red at 2. m, from the cayses and on the date spated above.
11. Camuel (1. Harris M.D. C	red at 2= a.m. from the causes and on the date spated above. Application of the spate of the sp
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION REMOVAL (Specify)	Application of the dayses and on the date spated above. Application of the dayses and on the date spated above. Application of the dayses and on the date spated above.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)	Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the date stated ab
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	The date of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the dayses and on the date stated above. Application of the date stated above. Applic
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	The date of the dayses and on the date stated above. As ADDRESS LUNCH VONE * Vospital 23c, DATE SIGNED 130 / SY RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	The date of the dayses and on the date stated above. As ADDRESS LUNCH VONE * Vospital 23c, DATE SIGNED 130 / SY RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

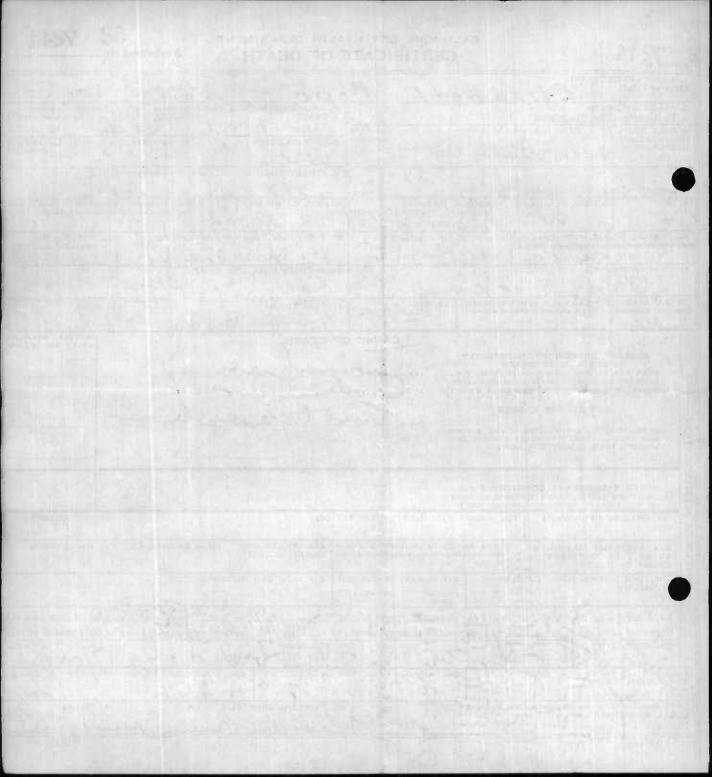


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7244
Registered No.

В	IRTH NO.			
1.	NAME OF DECEASED (Type or Print)		2. DATE OF	7 >
<u> </u>	L/12abeth D	OPP	DEATH	-30- TV
	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (W	here deceased lived. B. CQUNTY	
	FULL NAME OF (If not in hospital or institution, give street address or		L Ho	170
11	OSPITAL OR USTITUTION 42/2 Fulley aug. location)	C. CITY OR TOWN (If	outside corporate li	mits, write RERAL and give township)
	7214 Valley Cut.	Walto.		-0
	27 - Yrs. Mos.	D. STREET ADDRESS (If 1	rural, give location)	
	Length of stay in Baltimore Days	142/2. Fus	124 A	12
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months; Days Hours Min.
_	+ Marriel	Jan 3 1900	57	
10	DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR K done during most of working life, even if retired)	M. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Nencewife at Home	Battimo,	-c Co.	11 (a.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA		70.5
	John Marx	Kate St	e+ler	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s., no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT		ADDRESS
(10	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	G02 4 B.	n n 42	12 7 la . A
	18. 2/1 5 V CAUSE	OF DEATH.	PA	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF BEATH		ONSET AND DEATH
	LEADING TO DEATH			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,			
	injury or complication which caused death.) DUE TO	die com	-V	
	ANTECEDENT CAUSES	-	0	
Z	DISPASES OF CONDITIONS IT WAS A STATE OF THE PARTY OF THE	uje -	Jun -	7
E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
×	UNDERLYING CONDITION LAST.			
FIG				
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
H	TRIBUTING TO THE OEATH, BUT NOT RELATED			
O	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		
7	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Q	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (II	in Raltimore Cit	y, give exact location)
EDICA	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,		an Darminot Cit,	y, Bire exact location,
Σ	CAUSE OF DEATH			
	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.	ED 21F. HOW DID INJURY	OCCURT	
	m. WHILE AT NOT WHILE MY WORK AT WORK		100	
	22. I hereby certify that I attended the deceased from	to Ato	14.36 MX10	Mat I last saw the
	deceased alive on 2000 and that death occur	red at 855 Am. John John	e cousts and or	the date stated above.
		3B. ADDRESS		23c DATE SIGNED
-	100 de 10	XYAZI Treton	-uay	7/00/52
	4A. PURIAL CREMINE 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (Vity, to	wn, or county) (State)
1	91 7/ (7)	1,9 4 2 4	3 ulto	and.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	0 440	ADDRESS D
L	OCAL REGISTRAR Huntington Williams Mit	1 1 6		2 0
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JULY 29th. 1952 HARRY E. KIDD 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COLINTY hefore admission B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit water & II INSTITUTION township 2719 W. FAIRMOUNT AVE. BALTIMORE CITY Vra D STREET ADDRESS (If rural, give location) Mos. 2719 W. FAIRMOUNT AVE. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. If linder 24 Hours WIDOWED, DIVORCED (Specify) MAT.R WHITE MARRIED June 1-1893 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maddison Heights Va. Salesman Produce USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W Minnie L. Ewers Melville P. Kidd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO W. Fairmount Hettie E. Kidd-2719 INTERVAL BETWEEN 18. 334 X CALISE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED u TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSYT DICA 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK 19 2, to My 29 22. I hereby certfy that I attended the deceased from _. 195 Cthat I last saw the 19 Tand that deat occurred at 1: 30 An., from the fauses and on the date stated above. deceased aline on 23c DATE SIGNED A. SIGNAT 23B. ADDRESS 30/52 2151 Wilkens Ave. м. D. VAL (Specify) 24c. NAME OF CEMETERY OR CREMATORYL 24DaLOGATION (City, town, or county) CEMETERY MARYLAND ED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTA ADDRESS CRAR untruglow

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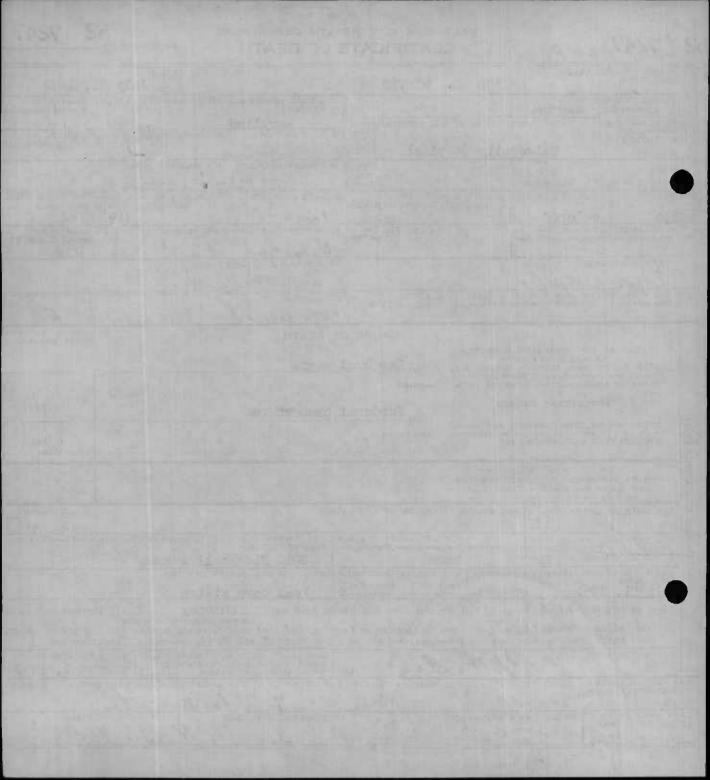
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7246
Registered No.

BIRTH NO.	CERTIFICAT	E OF BEATH	
1. NAME OF DECEASED (Type or Print)	ALEXANDER PISKONOWICZ	Z. DAT OF DEAT	T7 00 7000
3. PLACE OF DEATH: A. Baltimore City, Maryland 418 B. FULL NAME OF (If not in hospital OR INSTITUTION)		Md.	ased lived, If institution: residence before admission) rporatellimits, write RVRAL and give with the residence before admission.
Cength of stay in Baltimore 5. SEX 6. COLOR OR RACE	42 years Mos. Days 7, SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give	
male white	WIDOWED, DIVORCED (Specify) Widowed	Jan. 18, 1890 62	irthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekiod of rork dooeduring most of working life, eveo if retired) Furnace Tapper 13. FATHER'S NAME	Balto. Copper Works	11. BIRTHPLACE (State or foreign cour Poland	12. CITIZEN OF WHAT COUNTRY:
Anthony	Piskonowicz (为)	14. MOTHER'S MAIDEN NAME unl	known
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, oo or uoknowo) (If yes, give wer or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complicati	TH f dying, e. g., ns the disease, aused death.) ES TANY, GIVING STATING THE OUE TO	ebrol Arteriose Lypartención.	cident bulwerk
OTHER SIGNIFICANT CONDI TRIBUTING TO THE OEATH, BUT TO THE OISEASE OR CONDITION	NOT RELATEO		
19A. DATE OF OPERATION	9B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR	more City, give exact location)
23A. SIGNATURE	, 19 52, and that death occur	rred at 3130 fm., from the cause 33. ADDRESS	s and on the date stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Aug. 2,	24C NAME OF CEMETE	RYOR CREMATORY 240. LOCATION S. Com. 7 1300 Dunda 25: FUNERAL DIRECTOR Schimunek Funeral Home	(City, town, or county) (State) tlk Ave., Balto.Md. ADDRESS
VS 150	6413	2601-3-5 E. Madison St	

3 2 8	5 /2 P	non Ros		TIMORE CITY HE			52 red No.	7247
	NAME OF (ECEASED EU	JGENE D.	MINTER		2. DATE OF JU	ıly 31,	1952
	PLACE OF D	City, Maryland			4. USUAL RESIDEN	NCE (Where deceased liv	ed. If institution	
В.	FULL NAME		tal or institution	on, give street address or location)	Maryla:		-	11
11	STITUTION	Univer	sity Hos	spital	Baltim		2	township
7				Yrs. Mos.	D. STREET ADDRES	S (If rural, give location		
5	length of s	stay in Baltimore		Days MARRIED.	8. DATE OF BIRTH	idgehall Aven		r If Under 24 hours
m	ale	colored	WIDOWE	ED. DIVORCED (Specify)	12-6-50	last birthday		ys Hours Min.
wor	A. USUAL OC k done during most	CCUPATION (Give kind of of working life, even if retired	10B. KIND	OF BUSINESS OR INDUSTRY	Vo hus fown	ate or foreign country)		IZEN OF
	Eugen	e Minter			Ruth Po	lard 1		
15 (Ye	S. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Ruth Pollar	d 2012 R	ADDRESS	Ave.
		00.0		CAUSE	OF DEATH		INTE	ERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA s not mean the mode	TH	(A) Cerebra	l edema			1
	heart fail	ure, asthenia, etc. It mes complication which	ans the disease.			***************************************	*****************	***********************
		ANTECEDENT CAU	SES	Subduno	l hemorrhage			
NO	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	(8)	I Hemorrhage	***************************************		***************************************
ATI		YING CONDITION L		(C)	***************************************			* *
ERTIFICATION		II .						
RT	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
CE				FINDINGS OF OPER	ATION		20	. AUTOPSY?
AL	21a FXTER	NAI CALISE WAS	218. PLAC	E OF INJURY (e.g., in	or 21c, WHERE DID	O (If in Baltimore C		t location)
EDICA	UNDERLYIN	NAL CAUSE WAS GA OR CONTRIB- CAUSE OF DEATH.	about home, far	m, factory, street, office bldg., e	.) INJURY OCCUR	gehall Avenue		
M	21D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRE	D 21F, HOW DID I			
K	ly 31,		m. v	NOT WHILE		n stairs		
				emains described a	Au	topsy, Inspection or Inq	uirv	on and from
-	and de	dence obtained by eath in my opinion	resulted from	sy, Inspection or I om: natural causes	nguiry, fina that s	aid deceased died o vieide [], homieide [n the day s	stated above nined \square .
	23A. SIGNA		285	.0.	23B, CHIEF MED	ICAL EXAMINER	23c. DATE	SIGNED
	A. BURIAL.		24		D. MEDICAL INVES	TIGATOR [] 24D, LOCATION (City, t	August county	
	Burial (S	8-5-3	52	9 5 9 0	0072	Johns Fown,	fa.	1
	TE RECEIVE		S SIGNATUR	E Will.	25. FUNERAL DIREC	FOR AA I.	ADDRE	ss
7	\US, 1 - 1	1952 Thu	tuglor	Velliams, M.	C. K. Waw	100 Madiso	n tire	
V	\ \	1854.2						



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH MAGGO 4. USUAL RESIDENCE (Where deceased lived if institution: residence A. STATE B. COUNT before admissi 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate mits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 11h D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH H Under 1 Year AGE (In years) If Under 24 Hours last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of worlying life, even if retired) INDUSTRY WHAT COUNTRY a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAG . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 7. INFORMANT ADDRESS Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES FICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 DICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from that I last saw the 195 2 and that death occurred at 245' deceased alive on / m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRES 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY 245. LOCATION (City, town, or gounty) 24B, DATE

25. FUNERAL DIRECTOR

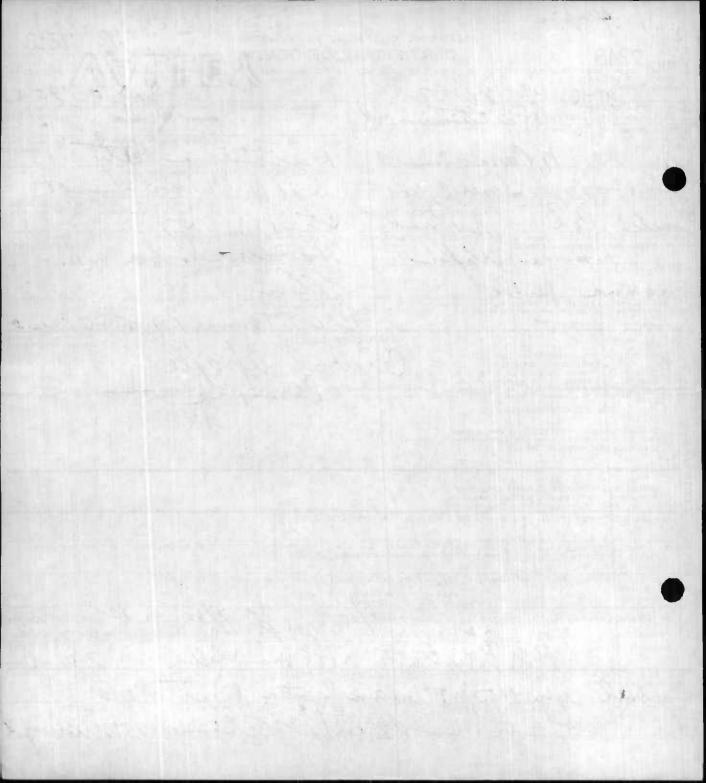
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REGISTRAR'S SIGNATURE

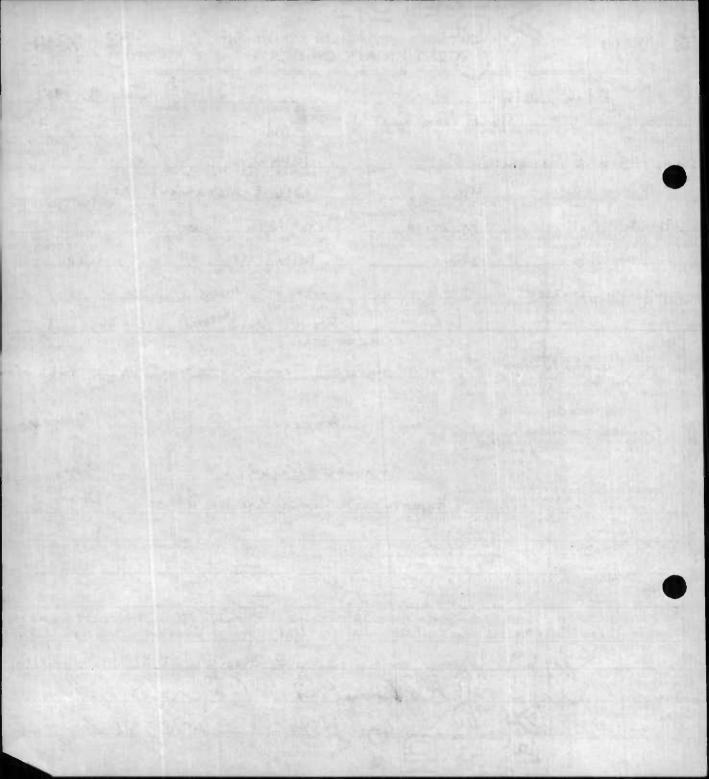


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7249

ВП	RTH NO.			CLITTI TOATI	- OI DEATH		
	NAME OF DE	- 4				2. DATE	
		Edna Ma	in		La usual Designation	DEATH J	414 30 1952
3. A.	PLACE OF DE Baltimore Ci	ity, Maryland	31L E	Monument St	A. STATE	B. COUNTY	. If Institution: residence before admission)
B. I	FULL NAME O		tal or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate)	mits Vote Pour and give
IN	NOITUTITE 131	6 E Manu	ment &	34.	Balt mor	. /0	township)
I			11.	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
		ay in Baltimore	Life	Days		Monument	St.
5.	SEX	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
	Temale	Col	M	arried	June? 1892	60	
rork	done during most of	UPATION (Give kind of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10		wife	H	me	Balto, M		U.S.A.
13	FATHER'S NA			DECKE ASSESSED	14. MOTHER'S MAIDI		
10	Joseph	Butler				11/50n	
Yes	oo or ooknowo)	O EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	(Husband) 1211	ADDRESS
					Frank. Mai	n 1816	E Monument 35
	18. 592	X		CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
		E OR CONDITION				· tour , many	
	(This does	not mean the mode e, asthenia, etc. It me	of dying, e. g		vary loxen	IN SHEMIC MAN!	Total INC
		complication which			//		100
- 1	111,013 01	comprication which	caused death	.) DUE TO	V		
		ANTECEDENT CAU		.) DUE TO			24
NO	A Principle of the Prin	ANTECEDENT CAU	SES	(B)	Anuria		3 days
MOLL	DISEASES RISE TO TH	ANTECEDENT CAU	ISES IF ANY, GIVIN) STATING TH	(B)	Anuria		3 days
ICATION	DISEASES RISE TO TH	ANTECEDENT CAU	ISES IF ANY, GIVIN) STATING TH	(B)			
TIFICATION	DISEASES RISE TO TH	ANTECEDENT CAU	ISES IF ANY, GIVIN) STATING TH	(B)	Anuria		3days 2yrs
ERTIFICATION	DISEASES RISE TO TH UNDERLY	ANTECEDENT CAU OR CONDITIONS, HE ABDVE CAUSE (A ING CONDITION L	ISES IF ANY, GIVIN) STATING THAT AST.	(B)	nie Nephrit		24rs
CERTIFICATION	DISEASES RISE TO TH UNDERLY! OTHER SI TRIBUTING TO THE DIS	ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L II IGNIFICANT COND TD THE DEATH, BUT SEASE OR CONDITION	IF ANY, GIVIN) STATING THAT AST. DITIONS CDN I NDT RELATE IN CAUSING I	(B)	nie Nephritue Cardio - Vasc		24rs 44r6
U.	DISEASES RISE TO TH UNDERLY! OTHER SI TRIBUTING TO THE DIS	ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L II IGNIFICANT COND TD THE DEATH, BUT SEASE OR CONDITION	IF ANY, GIVIN) STATING THAT AST. DITIONS CDN I NDT RELATE IN CAUSING I	(B)	nie Nephritue Cardio - Vasc		24rs 44r6
CAL C	DISEASES RISE TO TH UNDERLY! OTHER SI TRIBUTING TO THE DIS 19A. DATE OF	ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L II IGNIFICANT COND TD THE DEATH, BUT SEASE OR CONDITION	IF ANY, GIVIN) STATING THAT AST. DITIONS CONTING THAT IN CAUSING IT 19B. MAJOR	(c) Character S.1. FINDINGS OF OPER	Mc Cardio - Vase ATION or 21c. WHERE DID	ular Diseuse	24rs 44r6
U.	DISEASES RISE TO TH UNDERLY! OTHER SI TRIBUTING TO THE DIS 19A. DATE OF	OR CONDITIONS, HE ABOVE CAUSE (A HING CONDITION L II IGNIFICANT CONDITION TO THE DEATH, BUT SEASE DR CONDITION F OPERATION	IF ANY, GIVIN) STATING THAT AST. DITIONS CONTING THAT IN CAUSING IT 19B. MAJOR	(C) Chronic (C) Ch	Mc Cardio - Vase ATION or 21c. WHERE DID	ular Diseuse	24rs 44r6 20. AUTOPSY? YES NO
DICAL C	OTHER SI TRIBUTING TO THE DIS	OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION LING CONDITION LING CONDITION LING CONDITION COND	IF ANY, GIVIN) STATING THAST. DITIONS CONT NOT RELATE N CAUSING I 19B. MAJOR 21B. PLA about home, for	(c) Character S.1. FINDINGS OF OPER	LE Cardio - Vase ATION or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	24rs 44r6 20. AUTOPSY? YES NO
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DICAL C	OTHER SITRIBUTING TO THE DISTANCE OF THE DISTA	OR CONDITIONS. HE ABDVE CAUSE (A ING CONDITION L III IGNIFICANT CONE TO THE DEATH, BUT SEASE DR CONDITION FOPERATION NT. SUICIDE. (Specify) Month) (Day) (Year incertify that I at incertify the I at incertify that I at ince	DITIONS CDM T NOT RELATE N CAUSING I' 19B. MAJOR 21B. PLA about home, for (Hour) m.	(C)	Cardio - Vase ATION or 21c, WHERE DID the INJURY OCCUR? ED 21f. HOW DID IN	(If in Baltimore City JURY OCCUR?	24rs 44rs 20. AUTOPSY? YES ND y, give exact location)
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MEDICAL C	DISEASES RISE TO TH UNDERLY! OTHER SI TRIBUTING TO THE DIS 19A. DATE OF 21A. ACCIDEN HOMICIDE P. TIME (I) INJURY 22. I hereby deceased ali 23A. SIGNATI	OR CONDITIONS, HE ABDVE CAUSE (A HING CONDITION L II IGNIFICANT CONDITION TO THE DEATH, BUT SEASE DR CONDITIO FOPERATION ONT, SUICIDE, (Specify) Month) (Day) (Year Over on July 2) URE REMA-1 28 B. DATE	DITIONS CDM I NOT RELATE N CAUSING I 19B. MAJOR 21B. PLA about home, for (Hour) m. ttended the	CE OF INJURY (e.g., instruction of the work of the wor	Cardio - Vase ATION O OT 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID IN THE AT 4 A. m., fr 13B. ADDRESS	Ular Disease (If in Baltimore City JURY OCCUR? JURY 30 , 19 om the causes and or	24rs 44r6 20. AUTOPSY? YES ND y, give exact location) y, that I last saw the attention attention at the date stated above. 23c. DATE SIGNED
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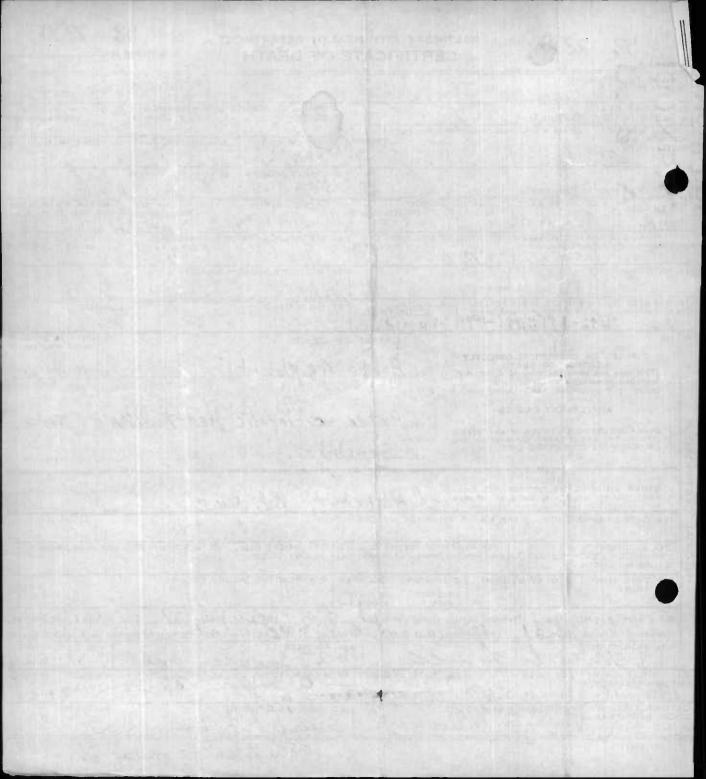
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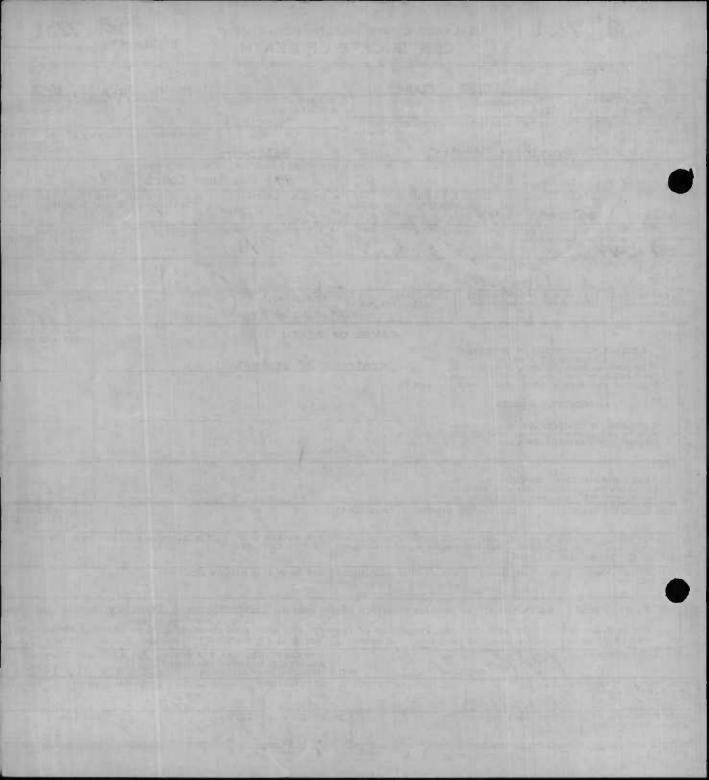
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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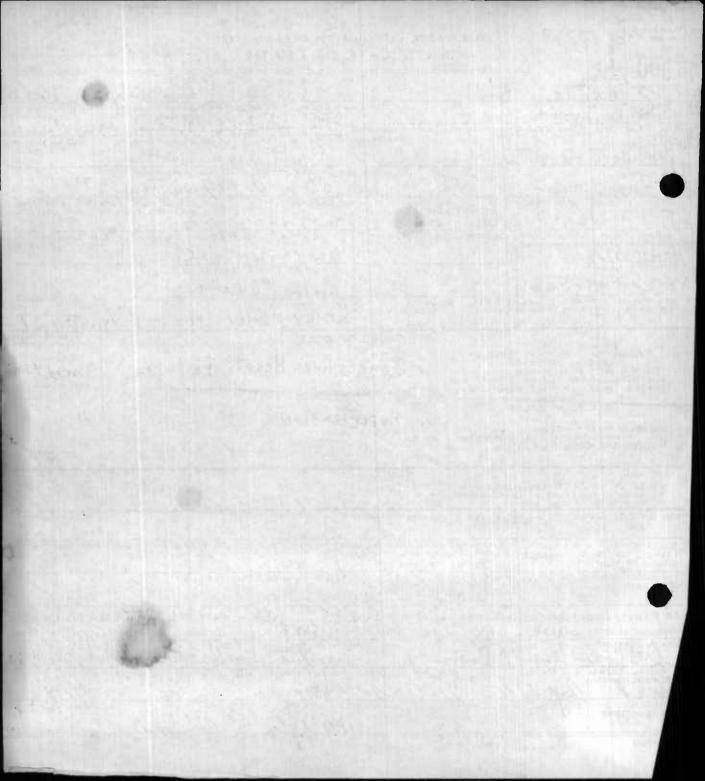
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Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate finits, write RORAL and give location) C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE AGE (in years | | Under | Year last birthday) | Months; Doys If Under 24 Hours WIDOWED, DIVORCED (Specify) Houra! Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work don'e during most of working life, even if retired) INDUSTRY WHAT COUNTRY LAborer - NAVY VAr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rouson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 19 you one INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) (B) Arterio & clerotic Heart Disease 2 years ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION . 1 198, MAJOR FINDINGS OF 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 1952 and that death occurred at 5: 30 Pm. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24B, DATE DATE RECEIVED BY REGISTRARIS SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR





CERTIF	FICATE OF DEATH Registered No	
NAME OF DECEASED Type or Print)	2. DATE OF	
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: resider A. STATE B. COUNTY before admit	
FULL NAME OF (If not in hospital or institution, give stree	- John Marie Park	nd
Provident Hospital	Isa Imore, Ma.	nship)
th of stay in Baltimore 25 YVS	Mos. Days D	02
F REAL OF THE WIDOWED, DIVORCE WIDOWED,	B. DATE OF BIRTH 9. AGE (th years H Under Year last birthday) MAY 3. 14 D 3	
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINE	ESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	NTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Americus Scott	Lula Bruce	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIA SECUR	DOPOTRY MOSE/RY 1002 W. LEXINGTON	57.
4420	CAUSE OF DEATH	WEEN
neart laliure, asthenia, etc. It means the disease.	Congestive Heart Failure 3hrsfs	15 m
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	Il anti-	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	HyperTension	
DISEASES OR CONDITIONS, IF ANY, GIVING		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- (RIBUTING TO THE DEATH, BUT NOT RELATED) THE DISEASE OR CONDITION CAUSING IT.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- PRIBUTING TO THE DEATH, BUT NOT RELATED	OF OPERATION 20. AUTOPS	5Y?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- (RIBUTING TO THE DEATH, BUT NOT RELATED) THE DISEASE OR CONDITION CAUSING IT.	OF OPERATION 20. AUTOPS YES N JRY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- (RIBUTING TO THE DEATH, BUT NOT RELATED THE DEATH OF OPERATION 19B. MAJOR FINDINGS) CIDENT WAS UNDER. 21B. PLACE OF INJURY about home, farm, factory, atree (Month) (Day) (Year) (Hour) 21E. INJURY	OF OPERATION 20. AUTOPS YES N JRY (e. g., in or st, office bldg., etc.) INJURY OCCUR? OCCURRED 21F. HOW DID INJURY OCCUR?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- RIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING IT. OATE OF OPERATION 19B. MAJOR FINDINGS CIDENT WAS UNDER. OR CONTRIBUTING 21B, PLACE OF INJU. about home, farm, factory, atree	OF OPERATION 20. AUTOPS YES N JRY (e. g., in or st, office bldg., etc.) OCCURRED NOT WHILE AT WORK 20. AUTOPS YES N)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- RIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING IT. OATE OF OPERATION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING (Month) (Day) (Year) (Hour) WHILE AT WORK Certify that I attended the deceased for	OF OPERATION 20. AUTOPS YES N IRY (e. g., in or st, office bldg., etc.) OCCURRED NOT WHILE AT WORK 1952 to July 26, 1952, that I last sai	o D
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- RIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING IT. OATE OF OPERATION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING WORK CEIDENT WAS UNDER. OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING WHILE AT WORK Acertify that I attended the deceased for on July 1957, and that deceased for on July 1957, and the deceased for on J	OF OPERATION 20. AUTOPS YES N JRY (e. g., in or st, office bldg., etc.) OCCURRED NOT WHILE AT WORK 20. AUTOPS YES N	o w the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- (RIBUTING TO THE DEATH, BUT NOT RELATED THE DEATH OF OPERATION 19B. MAJOR FINDINGS) CIDENT WAS UNDER. 21B. PLACE OF INJURY About home, farm, factory, street of the deceased from the deceased fro	OF OPERATION 20. AUTOPS YES N IRY (e. g., in or st, office bldg., etc.) INJURY OCCUR? OCCURRED NOT WHILE AT WORK 1957 to NAVY P, 1957, that I last sate at the occurred at Sin m., from the causes and on the date stated a	o w the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- (RIBUTING TO THE DEATH, BUT NOT RELATED THE DEATH OF OPERATION 19B. MAJOR FINDINGS) CIDENT WAS UNDER. 21B. PLACE OF INJURY About home, farm, factory, street of the deceased from the deceased fro	OF OPERATION 20. AUTOPS YES N NRY (e. g., in or st, office bldg., etc.) OCCURRED NOT WHILE AT WORK TOM July 24, 1952 to July 24, 1953 that I last said at the occurred at \$100 m., from the causes and on the date stated at 23 p. ADDRESS JIM. O. Provided Towns of Cematory 24 LOCATION (City, town, or county) (S) ECEMETERY OR CREMATORY 24 LOCATION (City, town, or county) (S) 25. FUNERAL DIRECTOR ADDRESS 32	o w the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- (RIBUTING TO THE DEATH, BUT NOT RELATED THE DEATH OF OPERATION 19B. MAJOR FINDINGS) CIDENT WAS UNDER. 21B. PLACE OF INJURY About home, farm, factory, street of the deceased from the deceased fro	OF OPERATION 20. AUTOPS YES N NRY (e. g., in or st, office bldg., etc.) NOT WHILE AT WORK TOM July 7, 1957, to July 27, 1957, that I last sate at the occurred at \$100 m., from the causes and on the date stated at 23B. ADDRESS TIM. O. Provided Town, or county (States) RECEMBETERY OR CREMATORY 24B. LOCATION (City, town, or county) (States)	o w the

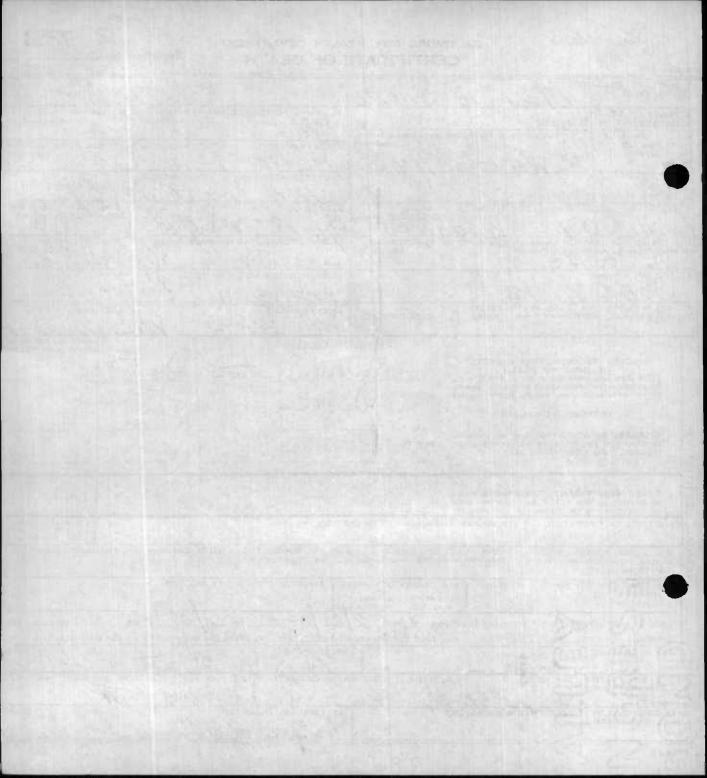


5-350 7253

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7253
Registered No.

BII	RTH NO.		
	NAME OF DECEASED Matte Sidne	/	OF 7/28/62
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where d	eceased lived. If institution: residence B. COUNTY before admission)
B. I	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and give
1	8/8 W FRANN/IN ST.	5. STREET ADDRESS If rural,	17-03
C.	Length of stay in Baltimore Mos. Days	815W. FARN	Klin St.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	5/10/18 77 B	GE (In years f Under Year f Under 24 Hours Months Days Hours Min.
10.	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	1. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY
	Housewite	LanasonVI/le	Mg. 96.3.2.
13/	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	3
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	TOP GN CB	ADDRESS /9 20
(Yes	noor puknown) (If yes, give war or dates of service) SECURITY NO.	Ollie Wicks	WILANYALOSE
	18. 420.0 CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO	of DEATH	New 1 INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	slere	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
LIFI			
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDIC/	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		Baltimore City, give exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		CUR?
	m. work AT WORK	12/162 19 to 2/2	that I last saw the
	deceased alive on 7/2 . 7/4.19 , and that death occu	rred at m., from the ca	uses and on the date stated above
		3B. ADDRESS	23C. DATE SIGNED
d'	M. D. A. BURIAL, CREMA: 24B. DATE P. REMOVAL (Specify) AMALIAN DATE 24E. NAME OF CEMETE AMALIAN DATE AMALIAN	M RY OR CREMATORY 240, VOCAT	(State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 321/
-	CAL REGISTRAR	Mrs Kuthingk Istal	leans Schrode / St



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7254

BIE	TH NO.			CERTIFICATI	E OF DEATH	Registered 140	
1. 1	AME OF Doe or Print)	KATHER!	NE	M. SCHI	JER HOLZ	2. DATE OF DEATH 7/3	1/52
3. PLACE OF DEATH: 4. US					4. USUAL RESIDENCE (W		stitution: residence before admission)
B. F			al or institut	ion, give street address or location)	MARYLAND c. CITY OR TOWN (If	outside corporate li his	write HURAL and give
INS	TITUTION	INION MEH	IORIA	LHOSPITAL	BALTIMOR	_ [4] -	township)
			LIFI	ETIME Yrs.	D. STREET ADDRESS (If 1		A ST
c. 1		tay in Baltimore		Days E. MARRIED.	8. DATE OF BIRTH		ndas I Year II Under 24 Kows
J	F	W	WIDOW	MARRIED (Specify)			ths Days Hours Min.
		CUPATION (Give kind of working life, even if retired)	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
	HOUS	EWIFE		MEGSTAT	MARYLAN		Willy Goottier
13.	FATHER'S		,		14. MOTHER'S MAIDEN NA		
		V HEIN			AMANDA	PALMEI	7
15. (Yes,	WAS DECEASING OF UNKNOWN)	ED EVER IN U.S. ARME (If yee, give war or date	D FORCES? es of service)	16. SOCIAL SECURITY NO.	MR. LEROY SCHUE	RHOLZ 1764	HOMESTEAD
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
AL	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		YES NO
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (c. g., i farm, factory, street, office bldg.,		f in Baltimore City, gi-	
Σ	D. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
B.	INSCIT		m.	WHILE AT NOT WHILE			
	22. I hereb dcceased a 23A SIGNA	live on JULY 3	tended the 0, 1952,	and that death occur	rred at 7:37 Am., from to 238. ADDRESS	he causes and on the	date stated above. 23c. DATE SIGNED
24. TIO	24A. (SURIAL, CREMA-) 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or country) (State)						
DA	TE RECEIVE	D BY RESTRAR	SSIGNATU	JRE	28. FUNERAL DIRECTOR		ADDRESS
	AUG 1 -	1952 Thurt	ington	Williams 15	Tred A. Vol	2-19(3W)	Ballo, XI
	VS 150						

AREA CENTRALES WAS SEEN FELLER CONTRALED AND STATE OF THE RESTREET OF THE PARTY OF TH 18 FLE STURE OF THE WORLD IN CONST. FOR THE STATE OF THE PARTY.

52	7255
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

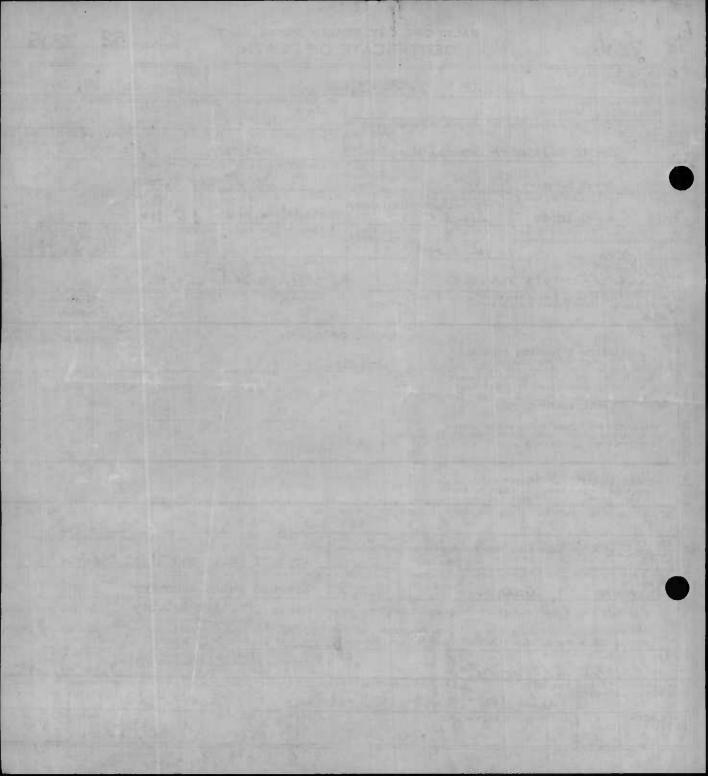
1. NAME OF DECEASED (Type or Print) Mary (G. Bonarrigo			y 30, 1952	
a. Baltimore City, Maryland	4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If B. COUNTY	institution : residence before admission)		
HOSPITAL OR	institution, give street address or location)		outside corporate limit	, write RURAL and give	
2228 Harford	Ave.	Baltimore	9-6) () township)	
	Yrs.	o. STREET ADDRESS (If r	ural, give lecation)		
	30 years Mos. Days	2228 Harfor			
	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Me	Under I Year Il Under 24 Hours	
	Married	Dec. 28, 1876	75		
10A. USUAL OCCUPATION (Give kind of lowerk done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	teign country)	WHAT COUNTRY	
Housewife	at home	Italy		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Vincent Cusimano		Carmela Guar			
(Yes, no or unknown) (If yes, give war or dates of se	RCES7 16. SOCIAL SECURITY NO. NO. NO.	Nunzio Bonarri		arford Ave.	
18. /5/X	CAUSE	OF DEATH	1 ,	INTERVAL BETWEEN	
DISEASE OR CONDITION DIR	ECTLY	10,000	N	1/1/1	
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ring, e.g., (A)	comora //	word	4 1 gear	
injury or complication which cause	ed death.) OUE TO				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF AN	(B)	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••	
RISE TO THE ABOVE CAUSE (A) STA	TING THE DUE TO				
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	(C)		***************************************	***************************************	
F 11					
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATEO			A PROPERTY.	
TO THE DISEASE OR CONDITION CAL	MAJOR FINDINGS OF OPER	ATION	/	I 20. AUTOPSY?	
A Iss. Bate of or Enation	CAN CHANGER	11 mona	d.	YES NO	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about	218, PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (II	f in Baltimore City,	give exact location)	
LYING OR CONTRIBUTING about	out home, farm, factory, street, office bldg.,	INJURY OCCURY			
p. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
INJURY	m. WHILE AT NOT WHILE				
deceased alive on My, 79, 19 2, and that death occurred at 2 17 m., from the causes and on the date				Hhat I last saw the	
23A. SIGNATURE	ills 13	3B. ADDRESS	Tally	23c. DATE SIGNED	
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		CATION (City, town		
Baltimore, Maryland Baltimore, Maryland					
DATE RECEIVED BY REGISTRAR'S S	IGNATURE	25. FUNERAL DIRECTOR	Tranc o Co	ADDRESS	
AUC 1 = 1052 Huntingt	on Williams M.	Charles F.	Evans & Son		
YS 150					

Dr. Tuminello
511 Med. Arts Building

52	and the same of th	5		
32 BIRTH	N	76	256	
1 NAN	F	OF	DECE	٠.

CERTIFICATE OF DEATH Registered No. 1256

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) AND THE DECEASED OF THE DECEASED OF THE DECEASED OF THE DECEASED					
LAWRENCE Ferry John	ISON DEATH JULY 29, 1972				
3. PLACE OF DEATH: A. Baltimore City, Maryland	USUAL RESIDENCE (Where deceased lived, If institution: residence . STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland CITY OR TOWN (If outside corporate Hoits, write RUKAL and give				
South Baltimore General Hospital	Baltimore 3-0 Cownship)				
Yrs. D	. STREET ADDRESS (If rural, give location)				
ength of stay in Baltimore 9 4 Mos. Days	126 S. Eden Street				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE (In years I Under I Year If Under 24 Hours				
Male Colored WIDOWED IVORCED (Specify)	Metal. A42 10 4 Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work done during most of working life, even if retired)	I. BIRTHRLACE (State or foreign country) 12. CITIZEN OF WAT COUNTRY				
none a perot	Me Satte				
13. FOTHER'S AN ME	4 MOTHER'S MAIDEN NAME				
Tought to moon	desabeth peril				
15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	7. INFORMANT ADDRESS				
(1. 10 of Billiams) (1. 100 Billiams of Sales of Solition) Secondity No.	" perry mother				
18. F 9 2 9 . CAUSE OF	DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND GEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Drownin	g				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.					
3					
OTHER SIGNIFICANT CONDITIONS CON-	AND REAL PROPERTY OF THE PARTY				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	ION 20. AUTOPSÝ?				
	YES X NO				
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location)				
UNDERLYING NO CAUSE OF DEATH.	Foot of Barre and Light Streets				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
July 29, 1952 10:00 P.m. WHILE AT NOT WHILE X	Drowned while swimming				
22. I eertify that I took charge of the remains described about	ve, held an Partial Autopsy thereon and from				
	Autopsy, Inspection or Inquiry				
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, undete					
23A. SIGNATURE	238, CHIEF MEDICAL EXAMINER 23C. DATE SIGNED				
M.D. MEDICAL INVESTIGATOR DI JULY 30, 1952					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Gity, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25	5. FUNERAL DIRECTOR ADDRESS)				
AJG = 1950 Huntington Williams, Mer 6 hoy 6 Wilson					
VS 151 N 990X					



-	653
1	52 7257 BIRTH NO.
ľ	1. NAME OF DECEA (Type or Print)

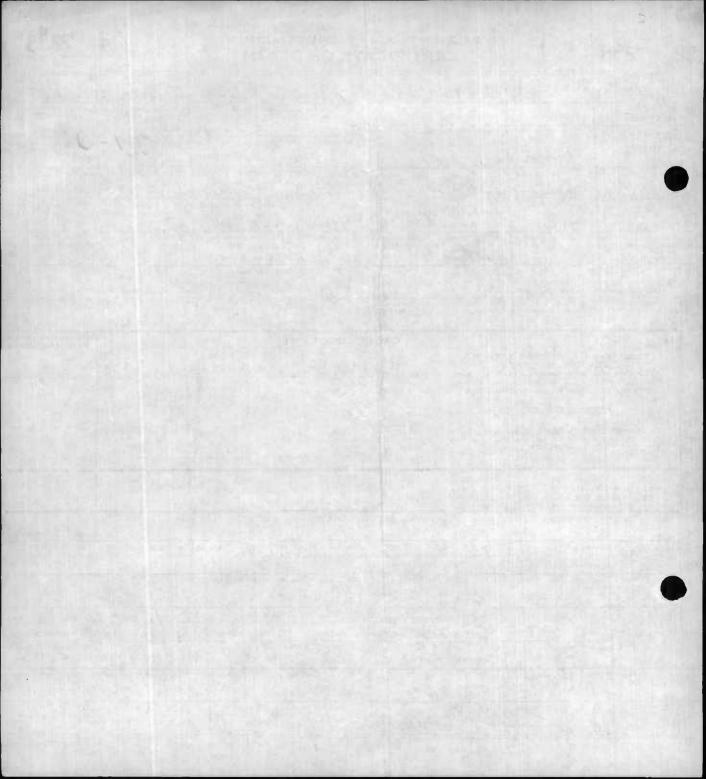
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

101	KIII NO.						
	NAME OF D		ILLIAM	B. GRANT		2. DATE OF DEATH July	29. 1952
A. Baltimore City, Maryland Balto. City					4. USUAL RESIDENCE		
В.	FULL NAME			tion, give street address or location)			0/
	STITUTION					If outside corporate linkits	write KURAL and give township)
	23.9	Baltimore	City M	orgue Yrs.	D. STREET ADDRESS (
	ength of s	stay in Baltimore		Mos. Days		mer Street	
5.	SEX	6. COLOR OR RACE		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If W	nder 1 Year If Under 24 Hours ths: Days Hours Min.
	male	colored	Wi	dowed	April-18-1900	52	Days Hours Mill.
work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY
	Labore	er	Railr	oad	Virginia		U.S.A
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
15	Hunt	er Grant	n fondras	1.10.000111		ones	
(Ye	, no or unknown)	(If yes, give war or date	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
-	NO.				Annie Brown C	alvert CO.MD	
	18.002				OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH				1 /1 - 1 1 1 1 1 1 1
	heart failt	s not mean the mode are, asthenia, etc. It me	ans the disea	se,	ary tuberculosis		****
	injury or	complication which	caused deat	h.) DUE TO			
		ANTECEDENT CAUS	SES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					****	
Ĕ	UNDERLYING CONDITION LAST.						
RTIFICATION							
		II SIGNIFICANT COND					
Ш		TO THE DEATH, BUT					
U	19A. DATE C	OF OPERATION 1	9B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	21A FYTER	NAL CAUSE WAS	1 218. PL	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City, giv	YES NO Pe exact location)
EDIC/	UNDERLYIN	G OR CONTRIB-	about home.	farm, factory, street, office bldg., e			
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE		RY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I certi;	fy that I took char	ge of the	remains described a	bove, held an inspec	tion & inquiry , Inspection or Inquiry	thereon and from
	the evi	idence obtained by ath in my opinion	said Aut	opsy, Inspection or I from: natural causes	nguiry, find that said of K, accident , suicid	deceased died on the	day stated above, determined .
	23A. SIGNA		2	0	238. CHIEF MEDICAL	EXAMINER 23c.	
		178	Pro		D. MEDICAL INVESTIGA	TOR	₹ 29. 1952
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CRE TION, REMOVAL (Specify)					RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
	Rurial	8/2/19				Brooklyn Md.	DDBESSA
Lo	CAL REGIST	RAR	s SIGNATI	WHICHA MED	Lional Director	180 Bunt	DDRESS
V	S 151		0	1 19701	(3) V		*

6	30
52	7258
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
T. NAME CE/DECEASED (Type or PAU) OLI & WILLIAM	Garrett 2. DATE OF DEATH Lely 19, 19, 19
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived of institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If Jutside corporate limits, write & RAL and give
INSTITUTION 13 Denver All	Baltinion (township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year II Under 24 Hours
Finale 6. COLOR OR RACE 7. SINGLE, MARRIED, WILLOWED, DIVORCED (Specify)	Much-9-1934 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Work dopeduring most of working life, even if retired)	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF / WHAT COWNTRY?
Mone Jehone 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emesh Savete	Florence Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 002× , CAUSE (OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nowary converces of
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
2 IA ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e.g., in	
	n or 21c. WHERE DID (If in Baltimore City, give exact location)
2 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e CAUSE OF DEATH	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	n or 21c. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?
LYING OR CONTRIBUTING about home, farm, factory, street, office bidge CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) INJURY MILE AT WORK AT WORK	n or 21c. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., expected of DEATH O. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from the control of	an or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? The state of
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 23, and that death occur	an or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? The state of
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 23, and that death occur	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? Decomposed by the course of the cours
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased glipe on 2 19 2, and that death occur 23A. SIGNATURE 24A. BURIAL. CREMA: 24B, DATE TION REMOVAL (Specify) 324C. NAME OF CEMETER TOWNERS 152 24C. NAME OF CEMETER TOWNERS 24C. NAME OF CEMETER TOWNERS TOWNE	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? The state of the causes and on the date stated above.
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from the deceased glive on 23A. SIGNATURE 23A. SIGNATURE 24B. DATE 101. REMOVAL (Specify)	and 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? The state of the causes and on the date stated above. The state of the causes are caused as the cause of the causes are caused at the cause and the cause are caused at the cause are caused as the cause are caused at the cau



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BIE	TH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) George J.Lomp	2. DATE OF DEATH July 3Ist., 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
HOSPITAL OR II29 Valley Street location)	
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) II29 Valley Street
Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct. 18 th 1882 9. AGE (In years of Under 1 Year Months Days of Hours Min.
OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR lord done during most of working life, even if retired) Rug Mfg. Co. Superintendent (Retired) Rug Mfg. Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF U.S.A.
George Lomp	14. MOTHER'S MAIDEN NAME Anna Tritruf
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yos, no or unknown) (If yos, give wer or dates of service) None 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr.Matthew J.Lomp-907 Locustvale Road
ANTECEDENT CAUSES (B)	may Enrainement hung z yes
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	
deceased alive on 7.36, 1952, and that death occur	1'50, 19, to 7.3/, 19.37 that I last saw the rred at 11 a.m., from the causes and on the date stated above.
How M. D. M. D.	TRY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Aug. 4th., 1952 Holy Redeeme	r Cemetery Belair Rd.Balto:Md.
LOCAL REGISTRAR HOLD TO THE HOLD AND AND AND AND AND AND AND AND AND AN	25. FUNERAL DIRECTOR ADDRESS George J.Ruth, Inc1735 Harford Avenue
vs 150	040

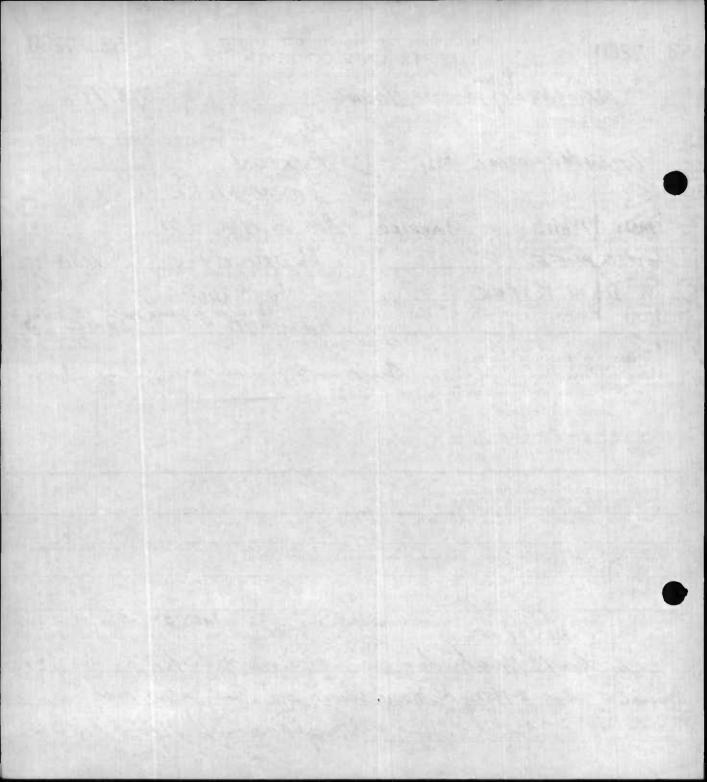
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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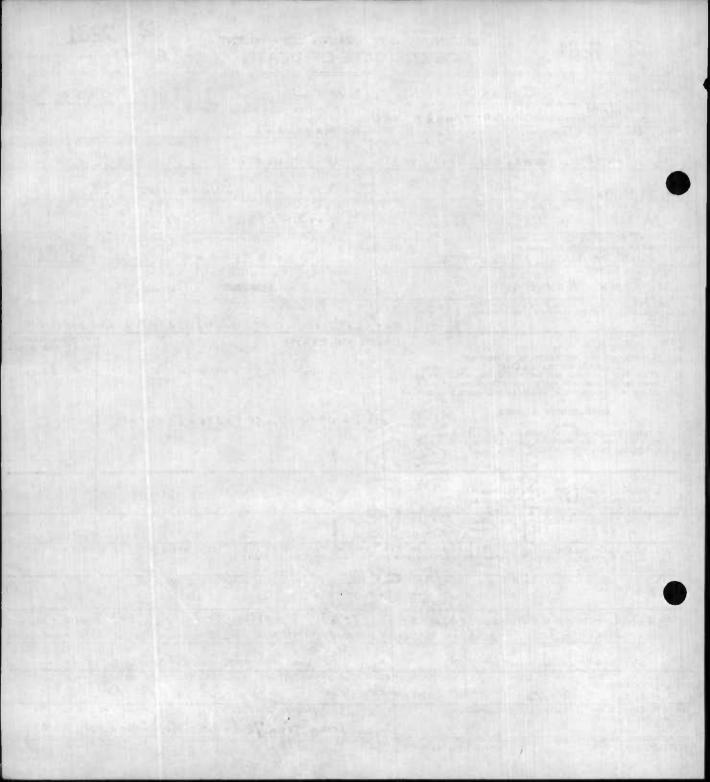
BI	RTH NO.		1.	CLIVIII	ITCATI	- OF DEAT	F1		4 1 1 1	
	NAME OF DEC	EASED ARGARÉ	ET PO	TER	YOUN			2. DATE OF DEATH	131/5	2
3. A.	PLACE OF DEA Baltimore Cit	TH: v. Marvland	1.	Tre Y		4. USUAL RESID	ENCE (Wh	ere deceased live		n : residence efore admission)
B. I	FULL NAME OF	(If not in hospi		ion, give stre	et address or location)	c. CITY OR TOWN	V (If or	utside corporate l	Hone	URAL and give
14	UNIO	NMEMO	RIALI	HOSP		RUXTO	N			township)
G.	ength of sta	y in Baltimore			Mos. Days	DA RN	ESS (If ru	ral, give location	1)	00
5.	SEX 6	COLOR OR RACE		E, MARRIED	CED (Specify)	8. DATE OF BIRT	Н	9. AGE (in year	s If Under I Year	If Under 24 Hours Hours Min.
	EMALE	WHITE	/	MARRI			1921	31		3 110 013 14711.
10. work	A. USUAL. OCCL done during most of w	JPATION (Give kind o orking life, even if retired	10B. KIND	OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE	State or fore	eign country)		IZEN OF AT COUNTRY?
		WIFE					UCKY		U.	54
13	. FATHER S NA	. P				14. MOTHER'S MA				
15	WAS DECEASED	EVER IN U. S. ARME	TER.	1 16 50514			KSO.			
(Yes	, no or unknown)	(If yes, give war or dat	es of service)	16. SOCIA	RITY NO.	17. INFORMANT	ndrew). young 3	ADDRESS	custon m
- 1					Carrier and	HUSBAI	ND C	0 9.	SAME	- 9 4
	18. 330				CAUSE	OF DEATH				RVAL BETWEEN ET AND DEATH
	L	OR CONDITION	TH		1 1-	1	. 6	1.	1.	20.
	heart failure,	ot mean the mode asthenia, etc. It me	ans the discas	e,	ann.	avaou	wq.	nungn	nage o	xaa.
	injury or co	emplication which	caused death	.) DUE TO						
_	1A	NTECEDENT CAU	SES							
O		R CONDITIONS,		IG			• • • • • • • • • • • • • • • • • • • •			***************************************
F	UNDERLYIN	ABOVE CAUSE (A)	STATING TH							
0				(C) .			************	***************************************		
F	OTHER ALC	11	17:01:0					ne di tali		
ERT	TRIBUTING T	O THE DEATH, BUT	NOT RELATE	D						
0	19A. DATE OF	OPERATION	19B. MAJOR		OF OPER	ATION			1 20	. AUTOPSY?
CAL		7			0. 0. 2				YES	
5		T WAS UNDER-	218. PLA	CE OF INJ	URY (e. g., in	or 21c. WHERE D		in Baltimore Ci		
EDI	CAUSE OF DE	CONTRIBUTING []	about nome,	arm, factory, stre	eet, omce Didg.,	tc.) INJURY OCCU	JR7			
2		onth) (Day) (Year) (Hour)	21E. INJUR	Y OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
A.	INJURY		m.	WHILE AT WORK	NOT WHILE					
	22. I hereby	certify that I at				Y 25, 195	2to Ju	LY 3/ 1	52 that 1	last can the
	deceased aliv	e on JULY 3	1 1952	and that d	eath occur	red at 9:00 6m.	from the	causes and o	m the date	stated above.
	23A. SIGNATU		5- 1	11		38. ADDRESS	9	11		ATE SIGNED
	lu	cheep's	Much	mlay	м. D.	Knern	Mes	s. Hong	h. qu	43/57
24 TIO	A. BURIAL, CRI	EMA- 248. DATE		SAC NAME	of CEMETE	RY OR CREMATORY	24D. LOC	CATION (City, to	own, of county	(State)
1	Surial	llug- 2.	-1952	St. Ma	rus Ch	rurchyard	Lmm	vortow,	md.	
LO	TE RECEIVED	RECUSTRAR	SSIGNATO	RE.	1	25. FUNERAL DIR	RECTOR	1.	ADDRE	in n
	00 1 104	Huntu	whom V	Villiam	- N.Z	Ewast & Me	seven a	0., 108	W. Mor	th Un
	VS 150		0 7	براء الب	(a)		9	City	#1	



H-520

52 7261

	52	7261	BA		E OF DEAT		ered No	
BIRT	H NO.			CERTIFICAT	E OF DEAT	H Regist		
	AME OF D	C	HARLE	ES J. HE	NNICK	2. DATE OF DEATH	8-1-52	_
A. Ba		City, Maryland		IMORE, MD.	A. STATE	DENCE (Where deceased I B. COUN		residence re admission
HOS	ILL NAME PITAL OR ITUTION	OF (If not in hosp	ital or institu	tion, give street address or location)	c. CITY OR TOWN		tc limits, write RVI	RAL and giv
	V.	NION MEMO	RIAL A	HOSPITAL // Yrs.	13 ALTIMON	RESS (If rural, give locat	5-381	townsing
		tay in Baltimore		06 Mee.	3 408 SP1	RING DALE AV	E	
5. SE	M	6. COLOR OR RAC	WIDO	E, MARRIED, NED, DIVORCED (Specify) WIDO WIE D	9-12-18	2 1 1 1 1 1	ay) Months Days	if Unday 24 Hours Hours Min
10A. work do	ne during most	CUPATION (Give kind of working life, even if retire	CAN. M	O OF BUSINESS OR INDUSTRY		(State or foreign country)		COUNTRY
13. F	ATHER'S				14. MOTHER'S MA			
		IN HENNI			? &	JONE	= 5	
15. V (Yes, n	o or unknown)	ED EVER IN U. S. ARM (If yes, give war or de	ED FORCES? tea of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	- //	ADDRESS	
	No				A	E HENNICK 340.		
18	s. 550				OF DEATH			AL BETWEE
		LEADING TO DE	ATH	P	· Lmonar;		2	days
	(This does heart failu	not mean the mode re, asthenia, etc. It m	of dying, e.	g., (A)se.	o L MONAIC	PESEMA		any
		complication which						
		ANTECEDENT CAL	SES	7 -				
Z	2102102				- UPERATION	APPENDE CT	om Y)	*****************
2	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A) STATING T				74 T T	
RTIFICATION	UNDERLY	YING CONDITION	AST.	(C)		***************************************		
H -								
E	OTHER S	II SIGNIFICANT CONI	DITIONS CO.	N -				
Ш	TRIBUTING	TO THE DEATH, BU	NOT RELAT	ED				
0 -		F OPERATION A		FINDINGS OF OPER	RATION		120 A	UTOPSY?
_		24-52		PPENDICITIS			YES	No
岀	ALACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i farm, factory, street, office hldg.,			City, give exact le	
≥	ID. TIME	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	D INJURY OCCUR?		
	INJURY		m.	WHILE AT NOT WHILE AT WORK				
2	2. I hereb	y certify that I a	ttended the	deceased from 7		12, to 8-1		
d	eceased a	live on 9-1		and that death occur	rred at 4:10 Am	., from the causes and	d on the date sto	ated. above
2	3A. SIGNA	arry J. Plu	kett 9	→ M. D. 2	23B. ADDRESS	novial Hospital		TE SIGNED
24A.	BURIAL, (S	CREMA- 248. DATE	1	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City	, town, or county)	(State)
,,,,,,,	BURIAL	8/4/52		LOUDON PK. (EM.	BALTIMORE	MD	21
	RECEIVE		S SIGNATI	JRE	25. FUNERAL DIE	RECTOR	ADDRESS	5
	0.01		, 1	1644	MM. Treks	TER Sons. Inc	NORTH A	VE.
THE	VS -1500	1 1	retor 1	Valuature My	Y.q.d			
100	1 19	1. Punton	3					



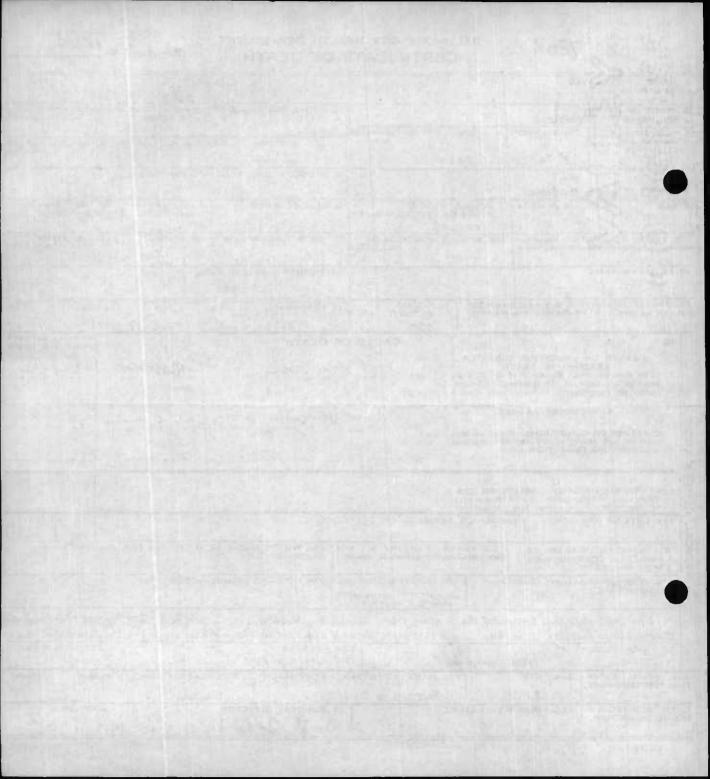
M-362
52 7262

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7262 egistered No

1. NAME OF DECEASED 2. DATE (Type or Print) DEATH ULV 31, 1952 LOUISE F. MATHERS 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 2711 Parkwood Ave. p. STREET ADDRESS (If rural, give location) Yrs. Mos. 2711 Parkwood Ave. c. Length of stay in Baltimore Dava 9. AGE (In years | II Under 1 Year | # Under 24 Hauss | last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Feb. 12, 1876 Married 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Fred Storm 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, np pr anknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. William J. Mathers 2711 Parkwood Ave. INTERVAL BETWEEN OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR EMDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory effect, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY DECUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE 1 192, that I last saw the \$ 1190, to. 22. I hereby centify that I attended the deceased from In from the causes and on the date stated above. deceased alive on and that death pccurred at 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248, DATE 12 Woodlawn. Burial Lorraine DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 - 195 VS 150

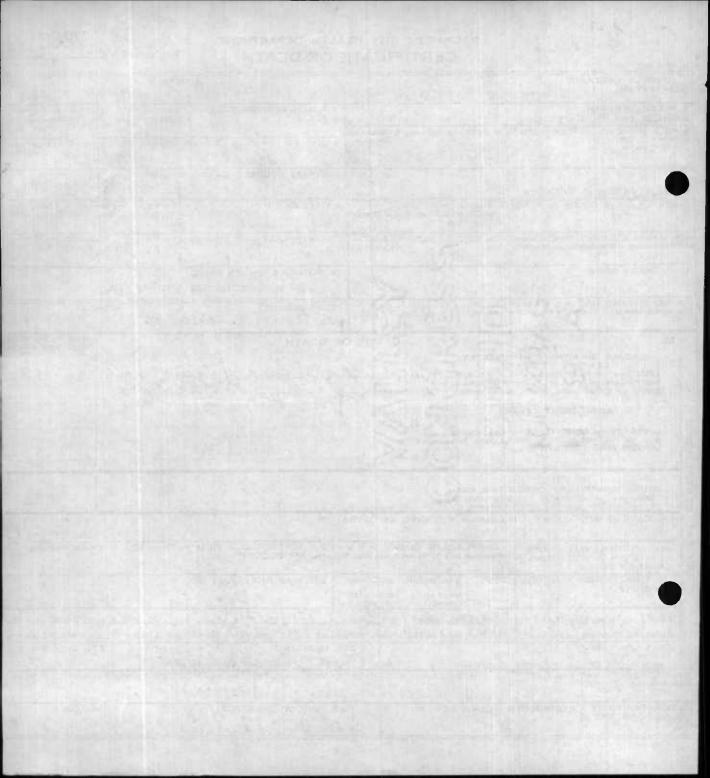


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

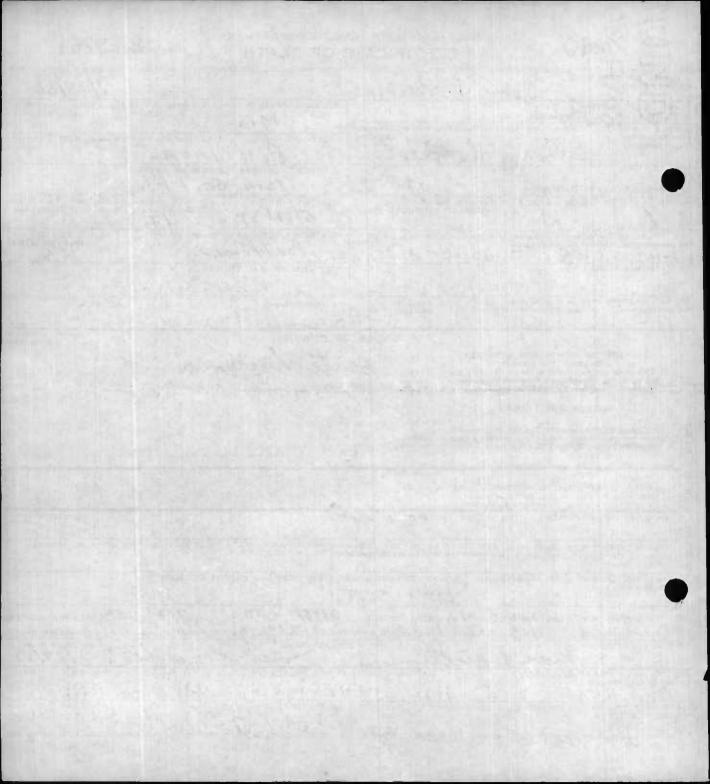
52 7263
Registered No.

В	IRTH NO.			CERTIFICATI	E OF DEATE	1	
	NAME OF D Type or Print)		m mer co	N CATTON		2. DATE OF	1 30 1052
MAUDE WILSON GALLON 3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDE	NCE (Where deceased lived.	
В.	FULL NAME		al or institut	ion, give street address or	Md.	B. COUNTY	before admission)
	OSPITAL OR		37	location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
h	10	904 Belgian A	ve. Mar	lewood Apts 2	JOIL OLLII		1-10
ľ				Yrs. Mos.		(If rural, give location)	
5	ength of s	tay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	Ave. Maplewood	
	ন	W.	Singl	ED, DIVORCED (Specify)	Aug. 3, 191	last birthday)	Months Days Hours Min.
1 (DA. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR		ate or foreign country)	USA USA COUNTRY
	None		Non		Baltimore,		USA
13	3. FATHER'S N				14. MOTHER'S MAI		
		hard W. Gallo			Maud Li	nthicum Strickl	on.
(Y	ss. no or nnknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. None	Mr. Richard	W. Gallon Jr. 1	ADDRESS 815 Thornbury R
CERTIFICATION	DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING	LEADING TO DEATON TO THE MEATON TO THE DEATH, BUT ISEASE OR CONDITION LA	f dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) GE DUE TO (C)	eralized	A Lives un	Th 6 mo.
1				FINDINGS OF OPER	ATION	- A.M. M	20. AUTOPSY?
SA							YES NO
1EDICA	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA	.CE OF INJURY (e. g., li arm,factory,atreet,office bldg.,e	or 21c. WHERE DI.	O (If in Baltimore City?	y, give exact location)
4	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK						
	22. I hereby	y certify that I att	ended the	deceased from	ne 16, 195	70 July 20, 19	52, that I last saw the
	dcceased alive on selly 30, 1952, and that death occurred at 430 Pm., from the causes and on the date stated above						
	23A. SIGNAT	of & San	lor	м. р.	30. ADDRESS	emount and	July 31,1952
Z. TI	4A. BURIAL. (S ON, REMOVAL (S Burial	REMA- pecify) 8/3/52	2	Loudon Pk.		Baltimore, Md.	wn/or county) (State)
	ATE RECEIVED	D BY REGISTRAR	S SIGNATU		Was I John	Extrons free	Bello med
	VS 150	Thursty	1000	MARKENSON INDITO HOM	-		



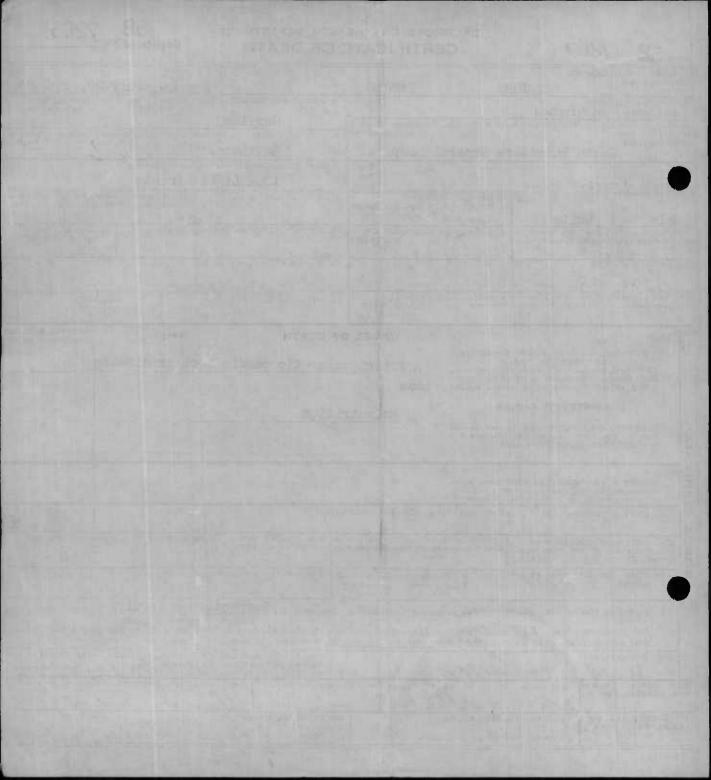
BALTIMORE CITY HEALTH DEPARTMEN

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) alm J, Harkins OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE / before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Gail ngth of stay in Baltimore 9. AGE (In years | Munder I Year | Munder 24 Hours | Min. 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY ABOREK ROSSET 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LLEN SUMMERS LME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute henkemin LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT AT WORK WORK 1952to 7, 195 that I last saw the 22. I hereby certify that I attended the deceased from 2 12n., from the causes and on the date stated above. 1/29 1952 and that death occurred at_ deceased alive on_ 23c. DATE SIGNED 238. ADDRESS 24D. LOCATION (City 24A. BURIAL, CREMA-TION-REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT 52 7265 CERTIFICATE OF DEATH Registered No.

BIRTH No.	L OI DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
JUHN PAPPAS	DEATH JULY 29, 1952
a. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
South Baltimore General Hospital	Baltimore 6.5
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE In years I Under I Year I Under 24 Hours Assault I Under 24 Hours Min.
Male White Single	60
10A. USUAL OCCOPATION (Give kind of 10a KIND OF BUSINESS OR rock done during most of yorking life, even if retired) INDUSTRY	11. BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
(woh Veslaurant	duelle M.D.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Maprown	Unknown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
18. 1/22.1 CAUSE	OF DEATH
7	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	osclerotic cardiovascular disease
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ACTELO (10 Out of out o
injury or complication which caused death.)	
ANTECEDENT CAUSES	
	trition
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY7
	YES NO X
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g.,	
UNDERLYING OR CONTRIB. about home, farm, factory, atreet, office bldg. UTING CAUSE OF DEATH.	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
F INJURY ni. WHILE AT NOT WHILE AT WORK AT WORK	
	above, held an Inspection & Inquiry thereon and from
	Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above
	23 CHIEF MEDICAL EXAMINER
23A. SIGNATURE	ASSISTANT MEDICAL EXAMINER
24A. BURIAL. CREMA- 24B. DATE RAC. NAME OF SEMETI	M.D. MEDICAL INVESTIGATOR
TION, REMOVAL (Specify)	(Landon mel Red met
part BECENTED BY 1810 grelle	o-water of the state of the sta
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
UG. 1-1952 Huntington Williams, My	Well Janviss 14408. Northan
V S 151	3/207263
· · · · / (00 %	019



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2	72	66
BI	PTH NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Dittill AO.					
1. NAME OF DECEASED (Type or Print) VOSEPH CO/	4TES 2. DATE OF DEATH 8-1-52				
3. PLACE OF DEATH: A. Baltimore City, Maryland 517 N. PULASKI	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
INSTITUTION 517 N. PULASKI	BALTIMORE 20-01 township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore 2/2 YRS Mos. Days	517 IV. PULASKI ST				
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1955 9. AGE (In years If Under I Yest If Under 24 Hours Inst birthday) Months; Days Hours Min.				
MALE COLOREY SINGLE	JEPTENNIEK 67				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) CHORCHTON 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	ADELINE GRAY V				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnhuown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
YES PATES UNKNOWN MONE	IVA THOMPSON 517 N. PULASKI				
1// 2000	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ININTION 4.				
heart failure, asthenia, etc. It means the disease,	77707707				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES AND	OREXIA AND VOMITING I MONTH				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST. METASTATIC CARCINOMA OF PROSPUTE I YR					
OTHER SIGNIFICANT CONDITIONS CON-	1- PTITICE 7				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	LITTIC AORTITISE ?				
19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION A CARCINOMA	PROSTATE (at Hopkins Has) YES NO V				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK AT WORK					
122. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the				
	rred at 7:30 Pm., from the causes and on the date stated above.				
16 Authorise u bes	23B. ADDRESS 23C. DATE SIGNED				
24A. BURIAL, CREMA 24B. DATE 24P. NAME OF CEMETE	ERY OR CREMATORY 24D_LOCATION (City, town, or county) (State)				
Bural aug 4, 1952 Franklin					
DATE RECEIVED BY REQISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
AGOG REGISTIGUEZ Huntington Williams, My	Hardisty Funeral Home, Glewille				
VS 150 E SSE Thou Side 1/ 33 9	-20726A 2ud				

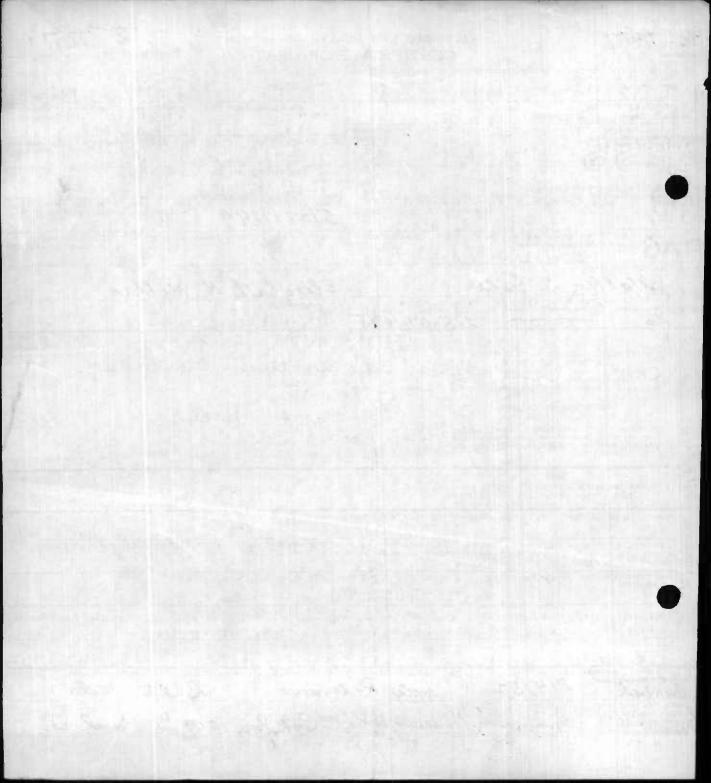
cause of death known from pts attendence physician, Dr. Ruth Bleier & 1801 W. Baltimore &

#2H 9267

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7267 Registered No.

BIRTH NO.	
I. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH CLEANINGS
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, Minstitution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	L. Md. Rollo.
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
a Merch toe relat	township)
Yrs.	D. STREET ADDRESS (If rural, give location)
mos. Days	1215 E. +505000 St. #2
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year It Under 24 Hours
WIBOWED, DIVORCED (Specify)	5/28/1899 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired	WHAT COUNTRY?
13. FATHER'S NAME	12000.
he art of gentline hi	14. MOTHER'S MAIDEN NAME
Walter J. Gall	Elizabeth K. Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. NEORMANT ADDRESS
No 2/5-07-1045	Hosp. Vernas
18. 3 3 A X . CAUSE C	OF DEATH . INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2000
(This does not mean the mode of dying, e.g.,	terechier what
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	aud
injury of complication which caused death.)	
ANTECEDENT CAUSES	21. 10 112.
Z (B)	Julia Vascula) I week
O DISEASES OR CONDITIONS, IF ANY, GIVING	40 0 008
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	eague
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
₹	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	LE.) INJURY OCCUR?
Σ CAOSE OF BEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
	Toland August
22. I hereby certify that I attended the deceased from July	red at 245 a.m., from the causes and on the date stated above.
deceased alive on 19 1, 19 L and that death occurr	red at 23 a.m., from the causes and on the date stated above.
	3B. ADDRESS 23C. DATE SIGNED
(Leverroz M.) (resel M.O.	Mercy 1080 (lug. 1, 1952
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
FION-REMOVAL (Specify) 8/4/53	1 D at Del A
	remen Ballo, ma.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
ALIC 2 = 1852 tuntington Williams More	14MC 2 20 12/3 Pt P. O T
HOD S 1975 1 1 1 1 1 1 1 1 1 1 1 1 1	1- vor ing iki so. I am si.
VS 150	11. 11. 1.

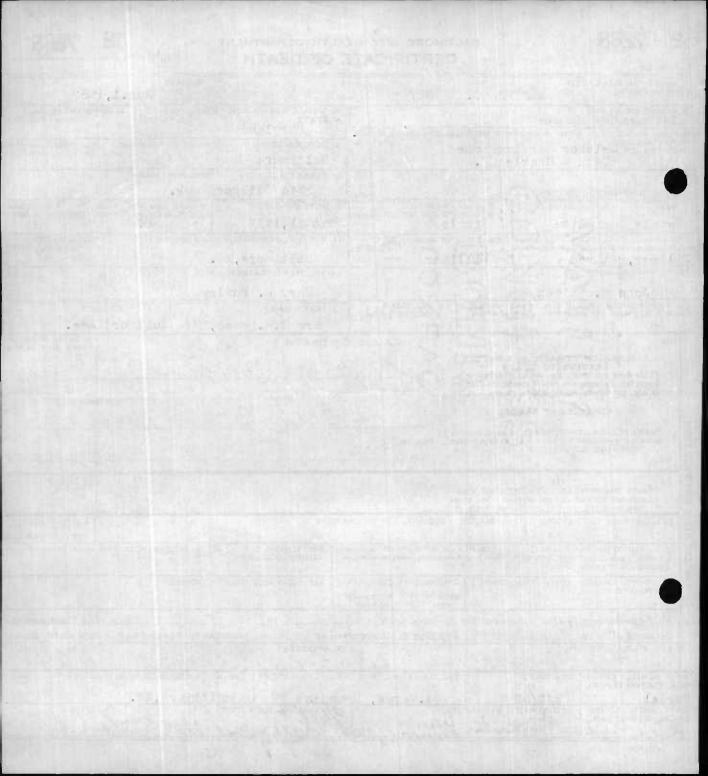


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7268' Registered No.

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) ELMIR	RA C. KNIGHT	2	DATE OF Aug.1,1952				
a. Baltimore City, Maryland		A. STATE	re deceased lived. If institution: residence B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital HOSPITAL OR)			side corporate limits, write RURAL and give				
INSTITUTION WELCHOR NUTSIR	g Home	Baltimore	township)				
24th & Charle	Yrs.	D. STREET ADDRESS (If rura					
c. Length of stay in Baltimore	Mos. Days	2744 Guilford					
5. SEX 6. COLOR DR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9.	AGE (in years H Under 1 Year H Under 24 Hours last birthday) Months Days Hours Min.				
Female White	Single	Oct 21,1867	84				
work done during most of working life, oven if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn eountry) 12. CITIZEN OF WHAT COUNTRY?				
Miliner, retired	Milliner	Baltimore, Md.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John M. Knight		Mary J. Powley					
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	ADDRESS				
No		Mrs G.H.Reese, 2	744 Guilford Ave.				
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.							
J 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
N N			YES NO L				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg.		Baltimore City, give exact location)				
D. TIME (Month) (Day) (Year) ((Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OF	CCUR?				
INJURY MHILE AT NOT WHILE AT WORK AT WORK							
a filter	23A. SIGNATURE 23G. DATE SIGNED M. D. 2090 U Cleanly \$1/27/						
24A. BURIAL. CREMA! 24B. DATE TION, REMOVAL (Specify)	24C NAME OF CEMET	ERY OR CREMATORY 24D. LOCA	ATION (City, town, or county) (State)				
Burial 8/2/52	St. Marys. H	ampden Balti	imore, Md.				
DATE RECEIVED BY REGISTRAR'S		25 YUNERAL DIRECTOR	1219 ST Can ST				
VS 150	O a similar	7726	6				



52 7269	
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3			LTH DEPARTMENT	h /	7269
BI	RTH NO.	ICATE	OF DEATH	Registered No.	
	NAME OF DECEASED Bruckheiser			OF Aug.	1,1952
A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore, Merchant Balti	d. ^	4. USUAL RESIDENCE (WI A. STATE Maryland	B. COUNTY	before admission)
H	STITUTION TENKINS Mem. Host	location) c	Catonsville	7	rite HURAL and give township
G.	Length of stay in Baltimore Life	Yrs. Mos. Days	#7 Overbrook		352
5.	F. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE		OV. 26, 1862	9. AGE (In years li lind last birthday) Month	er I Year If Under 24 Hours B Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of come during most of working life, even If retired)	NDUSTRY	Baltimore, MI	oryland,	. CITIZEN OF WHAT COUNTRY
13	Conrad Schneider	1.	and Unknown		
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR (If yes, give war or dates of service) SECUR	ITY NO.	7. INFORMANT	ADD	RESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		F DEATH Sclerotic C.V.	D .	INTERVAL BETWEEN
MEDICAL CER	TO THE DISEASE OR CONDITION CAUSING IT.				L SO ALLTOPSYA
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERAT	TON		YES NO
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK				
	22. I kereby certify that I attended the deceased fredeceased alive on the line, 1957, and that de		ed at 3:55 p.m., from th	9 1, 19 1, te causes and on the	

24A. BURIAL CREMA-HON, REMOVAL (Specify)

24C. NAME OF CEMETERY OR

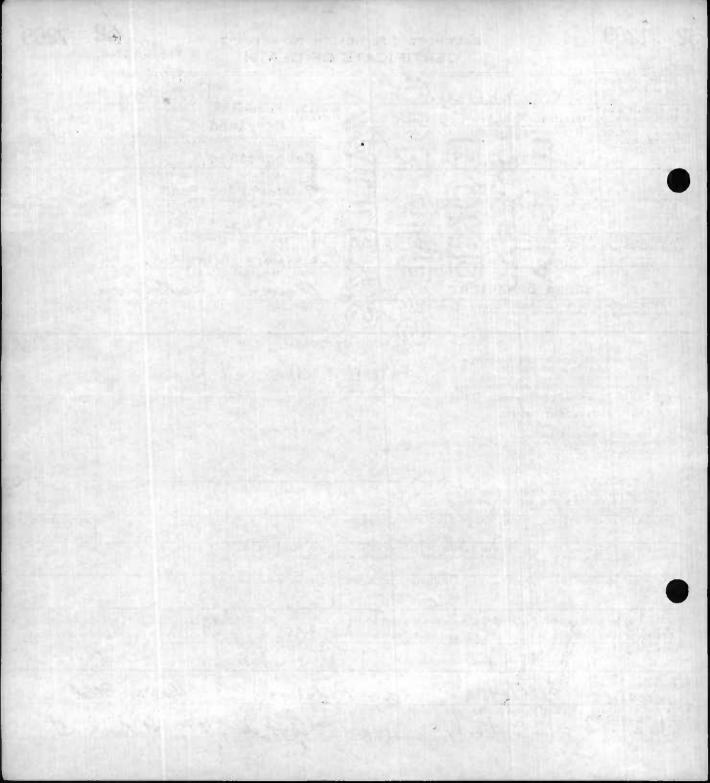
eto. Md.
St. Paul st

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

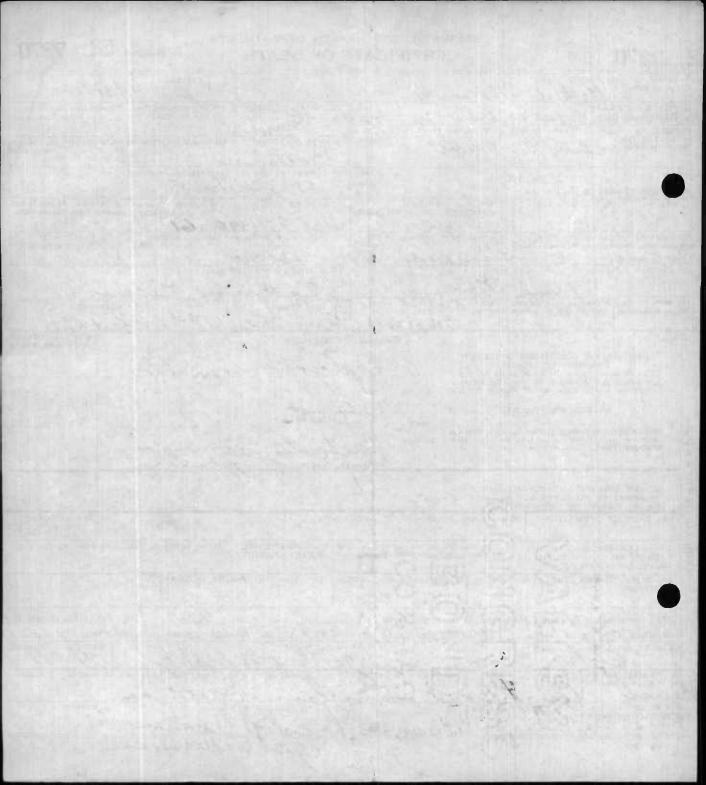
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625 PBIRTH/NO.70

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 70	CERTIFICATE	OF DEATH	Registered N	106 16.11			
1. NAME OF DECEASED (Type or Print) Michael Mrow	enski		2. DATE OF DEATH 7/	31/52			
S. PLACE OF DEATH: A. Baltimore City, Maryland So. Ball	To. Sea. Hopta	A. USUAL RESIDENCE (institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution of the state of the	location)	c. CITY OR TOWN (I)	outside corporate limit	s, write RUB/L and give township)			
congth of stay in Baltimore	Yrs. Mos. Days	53/ S. Ches 7	rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)				
	WED, DIVORCED (Specify)	Sept 29/1890	last birthday) Mo	nths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of present ground during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
Loborer Trake	Body Co.	Europe		WHAT COOKING			
13. FATHER'S NAME Frank Ma	AUTO BIRY (M)	14. MOTHER'S MAVDEN N	AME PILO	.h:			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	1 A	DRESS			
(AT YOU, BITO WELL OF GRADE OF BOLVECO)	216 01 2017	Mary Galacti	· 531 SEL	ester 8t			
18. 5 50.1		F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	1	/		ORSET AND DEATH			
LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ise,	myxia, as	malin				
ANTECEDENT CAUSES							
(B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
ONDERETHING CONDITION LAST.	(C)	innes seci	any 4				
		11	zana y				
OTHER SIGNIFICANT CONDITIONS CO							
TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPERA	TION		20. AUTOPSY?			
Total Date of Circumstation of Total Mason	C TINDINGS OF OFERA			YES NO			
LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in farm, factory, street, office bldg., etc.		If in Baltimore City, 1	give exact location)			
CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?				
INJURY	WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from 19, to 192 that I last saw the deceased alive on 194 and that death occurred at 9 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
deceased alive on 1942	acceased from	ed at 950 m from	/	he date stated above.			
23A. SIGNATURE	23	B. ADDRESS	1 0 /	23C. DATE SIGNED			
Os alon	M. D. 7	01 Cathed	ral Sil	7/3//52			
24A. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETER	Y OR CHEMATORY 240 L	OCATION (City, town,	or county) (State)			
DATE RECEIVED BY REGISTIONS SIGNAT	URE	STUNERAL DIRECTOR		ADDRESS			
AUG 2 1932 H Illington	Villiams MD	tred of	3/al pur	tei			
VS 150	97430	193080	Jeans an	4			
	1/033						

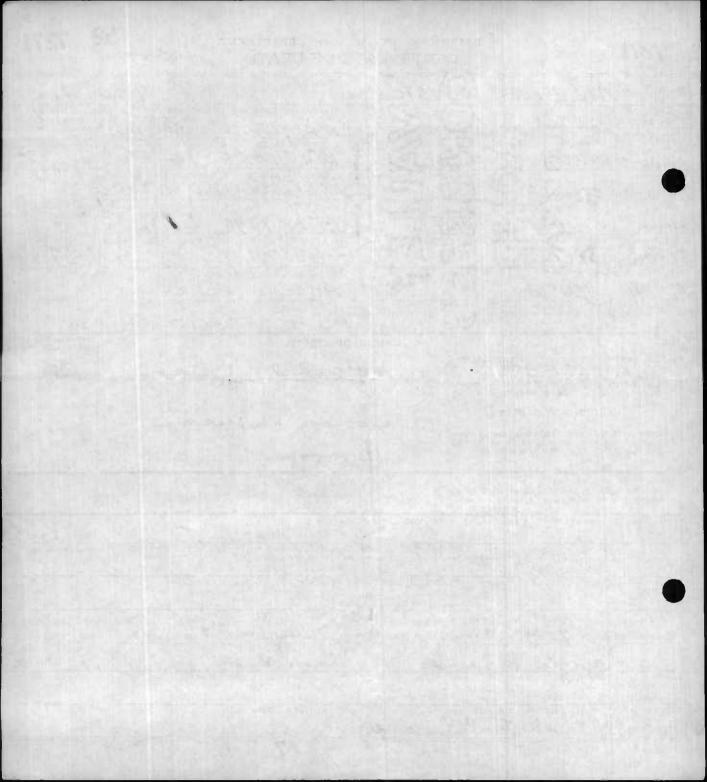


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nd .	I had I had	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7271

BIRT	H NO.			CERTIFICATE	E OF DEATH	Registered	No.
1. N/		MR. BRUI	VO WE	ENSIEN		2. DATE OF TO DEATH	30-52
A. Ba		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, I	before admission)
HOSE	LL NAME	OF (If not in hospits	al or institution	on, give street address or location)	c, CITY OR TOWN (If	BALTIN outside corporate lim	OKC its, write RURAIrand give
INST	ITUTION	MEMORIAL H	HUSPIT	TAL	BALTIMORE	14-7	township)
				Yrs.		rural, give location	
		stay in Baltimore		Mos. Days	2821 OVERLA	ND AVEN	ve-
5. SE	ALE	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH N.T 28 1890	9. AGE (In years lest by the day)	If Under 1 Year N Under 24 Hours 1 Onths Days Hours Min.
10A.	USUAL O	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	The second secon	12. CITIZEN OF
BR		tof working life, even if retired) MAKER		INDUSTRY	GERMANY		WHAT SOUNTRY
13. F	ATHER'S	NAME	,	Braces(g)	14. MOTHER'S MAIDEN N	AME	
MI	ARTIN	WENSIEN		4.2	HELENA E	LERS	
15. W	VAS DECEAS	SED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				SECONITY NO.	MRS. FREIDA WE	NSIEN WIFE) SAME
18	3. 420			CAUSE	OF DEATH		INTERVAL BETWEEN
	1	SE OR CONDITION	DIRECTLY		0 0	1	d d
	(This doe	LEADING TO DEA'	f dying, e. g.	, (A) Mege	cardial infa	vetern	6 days
	injury or	ure, asthenia, etc. It mea complication which c	ns the disease caused death.	DUE TO	U		
		ANTECEDENT CAUS	SES	^			
Z				(B) COY	mary mulife	rever	
O C	RISE TO	ES OR CONDITIONS, IN	STATING TH		00		
<u> </u>	UNDERL	YING CONDITION LA	ST.	(c) Hu	na tension	***************************************	
는							
E	OTHER	II SIGNIFICANT CONDI	TIONS CON				A STATE OF THE STA
H H	TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
, 1		Address of the second of the s		FINDINGS OF OPER	ATION	100000	20. AUTOPSY7
Y							YES NO
!!!!	YING C	DENT WAS UNDER- OR CONTRIBUTING	218. PLA about home, fa	CE OF INJURY (e. g., in arm, factory, streat, office bldg., e	or 21c. WHERE DID (If in Baltimore City,	give exact location)
Σ	D. TIME	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY		m. W	WORK NOT WHILE			
1	2 I bore	by certify that I att		-1	-24 1952-to	7-30 10	2, that I last saw the
		rlive on 7-29			red at/2:20 Am., from t	, 10	
	3A. SIGNA		0		3,8. ADDRESS		23c. PATE SIGNED
	/	Deorgia 1	equo	les M.D.	Union remove	a for retal	17/39/52
24A.	BURIAL.	CREMA- 248. DATE	1 2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION City, tow	n, or county) (State)
71014,	Burg	el 8/2/	57	mount	Them J	aplas a	ve .
DATI	E RECEIVE	ED BY REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRECTOR	1	ADDRESS
ΔΙΙ	62-	1952 Hunting	ton We	diacus, My	x X Y John	y Hon	6
	VS 150	0		3 Jak	040/2 2 6	9	



-400				
magnet / C. (G	RE CITY HEALT	F DEATH	Registered No	52 7272
1. NAME OF DECEASED			2. DATE	
(Type or Print) Villiam Cole			OF DEATH 7-31-	-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4.1	USUAL RESIDENCE (W		stitution : residence
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR BALLIMOTE CITY HOSPITALS		Md.	,	before admission
1940 Eastern Ave.	6. 6	and the second second second	outside comorate limits.	township
	Yrs. D. S	Baltimore TREET ADDRESS (If:	rural give location)	
ength of stay in Baltimore	Mos.		,	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARR	Days	3525 O'Donne		nder 1 Year II Under 24 Hours
WIDOWED, DIV		7-19-86	last birthday) Mont	the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of tops. KIND OF BU. work doos deriog most of working life, even if retired)		SIRTHPLACE (State or fo	reign country)	2. CITIZEN OF
Cirole atter Sell orin	NOUSTRY	2 Ball		WHAT COUNTRY
13. FATHER'S NAME	Could 14.1	MOTHER'S MAIDEN NA	ME	61.00
Unable to obtain		Hundle to obta	4	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL 17.	Unable to obta		DRESS
(Yes, no or nuknown) (If yes, give war or dates of service) SE	CURITY NO.			
18. // 2 0 . /	CAUSE OF D	cords: B. C.	H. 4940 Easte	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE OF L	DEATH		ONSET AND DEATH
LEADING TO DEATH	Coro	narv		,
heart failure, asthenia, etc. It means the disease,	~,			
injury or complication which caused death.)	E TO	EDTIFICATION		
ANTECEDENT CAUSES	U	ERTIFICATION APPR	OVED BY	
DISEASES OR CONDITIONS, IF ANY, GIVING	B)	[]	0 /	*** ***********************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	E TO	Deinel dou	ed un	
	c)	CHIEF OR ASST. MEDICAL'E	XAMINE	
OTHER SIGNIFICANT CONDITIONS CON-				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT				4
19A. DATE OF OPERATION 19B. MAJOR FINDIN	IGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF I	NJURY (e. g., in or 2	210 WHERE DID (II	in Delvinos Cias d	YES NO
ELLING OK CONTRIBUTING		NJURY OCCUR?	in Baltimore City, giv	e exact location)
S CAUSE OF BEATH				
FINJURY		21F. HOW DID INJURY	OCCUR?	
m. WHILE AT WORK	NOT WHILE			
22. I hereby certify that I attended the decease	d from 7-31-	, 1952, to 7.	31, 19.52	that I last saw the
deeeased alive on 7-31-, 1952, and tha	t death occurred o	it_10:151n., from th	e causes and on the	date stated above
23A. SIGNATURE	23B. A.	DDRESS		23c. DATE SIGNED
J.S. Chogen		940 Eastern Ave	3.	8-1-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ME OF CEMETERY OR	CREMATORY 24D. LC	CATION (City, town, or	county) (State)
Burial 8-4-52	all To	aum /	Dalto -3	1- 1166
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25.	UNERAL DIRECTOR	1 1 A	DDRESS
ALIG 2 - 1052 Thuntington W.N.	MA MEDIT	1111.00 10	ille oh.	-

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7273

В	RTH NO.				- O. DE/(111			
	NAME OF D		A. WE	LLEIN		2. DATE OF DEATH JU	LY 30.	1952
A.	PLACE OF D Baltimore (FULL NAME	City, Maryland			4. USUAL RESIDENCE (W	Vhere deceased lived.	If institution	
H	DSPITAL OR			ion, give street address or location) AVENUE		outside corporate li	mits, write KU	RAL and give township)
	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 4224 Belmar			
_	sex emale	6.COLOR OR RACE	WODIW	E. MARRIED. VED, DIVORCED (Specify) Pried	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
1C wor	A. USUAL OC done during most	CUPATION (Give kind of of working life, aven if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Baltimore, Mar	oreign country)	I2. CITIZ WHA	EN OF T COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA		. 1	
		Unkelbach			Dorothea Ulric	e h		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
((SECURITY NO.	Mr. Louis H. V	Vellein. 42	224 Be	elmar A
CERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING TO THE D	LEADING TO DEAT not mean the mode ore, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B)	ete Pulorony	Edona		
AL	19A, DATE C	of OPERATION 0 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. A	NO NO
MEDICA	21A. ACCID LYING OI CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg.,		f in Baltimore City	y, give exact	location)
3	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
D	22. I hereb deceased ai 23A. SIGNA A. BURIAL) ON, REMOVAL(S BUTIAL) ATE RECEIVE DCAL REGIST	TURE CREMA- Decify) 8/4/52 D. BY REGISTRAP	-gei	deceased from and that death occur M. D. 24C. NAME OF CEMETE Holy Redeen	RY OR CREMATORY 240. LO Bal STUDENT RECTOR	he causes and on CONTION (City, too timore, M	the date st 23c. DA 8-1 wn, or county) (aryland ADDRES	(State)
A	UG 2 - 19	132 Hunting	Jion 1	mam-, "?.	190nard J. Ruc	K, 5505	Harfor	d Road.

1. Singer E. North Ave.

DOMEST

5	26
2	7274
BIR	TH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 7274

1. NAME OF DECEASED (Type or Print) ETHELS.						
A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	before admission)		
B. FULL NAME OF (If not in hospital HOSPITAL OR	l or institution, give street address or location)			write RURAL and give		
INSTITUTION UNIV. HOS	p.		elle.	township)		
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS VE	rural, give location)	5300		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years little last birthday) Mon	Inder I Year II Under 24 Hours ths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done out in most of working life, even firetired)	108. KIND OF BUSINESS OR INDUSTRY	11 BURTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	7	14. MODRER'S MALDEN M	ME			
10=0 V2	scal	Lille X	NE			
15. WAS DECEASED EVER IN U. S. ARMED (Yee, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	dick AD	MESS wille No		
18. 1/1/3×	CAUSE	OF DEATH	7,00000	INTERVAL BETWEEN		
DISEASE OR CONDITION D	PIRECTLY		10 .	ONSET AND DEATH		
(This does not mean the mode of heart failure, asthenia, etc. It mean	dying, e.g., (A) s the disease,	ebro Voscular	Ucades	Tasys		
Injury or complication which ca		41 0				
ANTECEDENT CAUSE	/:	V.C. U. D.				
DISEASES OR CONDITIONS, IF			************************************	******		
UNDERLYING CONDITION LAS	T. (C)					
Ĭ						
OTHER SIGNIFICANT CONDIT						
TO THE DISEASE OR CONDITION	CAUSING IT.					
19A. DATE OF OPERATION 0 19	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., li about home, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
INSURT	m. WHILE AT NOT WHILE					
22. I hereby certify that I atte		-2 P-5219 , to 8				
		rred at 10 32 Pm., from th	he causes and on th			
23A. SIGNATURE OFFICE		23B. ADDRESS	26-6	23c. DATE SIGNED		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF EMETE		CATION (City town,	ercounty) (State)		
TION, DEMOVAL (Specify)	4-1952 Ona	on last 1.	Salto M	X.		
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	,	ADDRESS		
AUG 2-1952 Huntingto	in Williams MED	for Burnolo	no 6/0/2	SK/med		
VS 150	(5)	20007	6 6 0	mons		

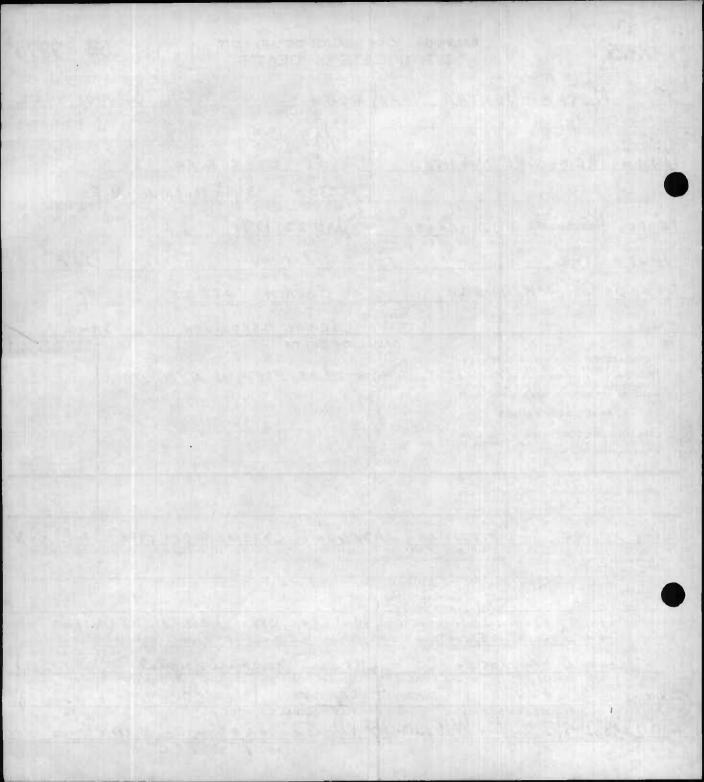
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	59	727	-
Registered	No	166)

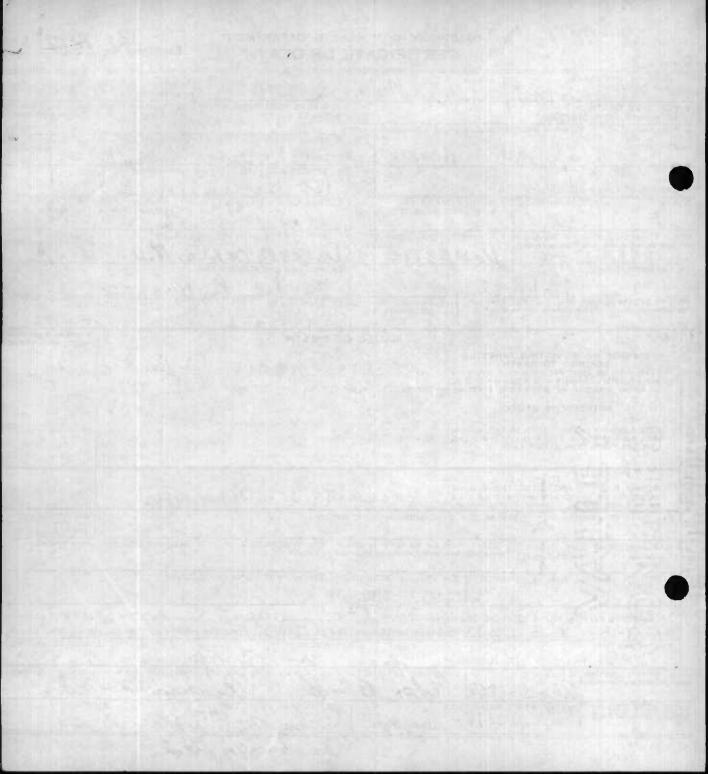
BI	RTH NO.		CE	RIFICAL	E OF DEATH	1 Megistere	
1. (T	NAME OF DE	4 4	BERTHA	HARTSO	UGH	2. DATE OF DEATH	OLY 31.1952
	PLACE OF DE	ATH: ty, Maryland				NCE (Where deceased lived B. COUNTY	
В.	FULL NAME C		tal or institution, g	rive street address or		V-	A Service admission,
	SPITAL OR		1/	location)	c. CITY OR TOWN	(If outside corporate I	imits, write RURAL and give
	UNION	MEMORIA	L HOS 017	AL	ST PETE	EKS BURG	township)
Y				Yrs.	D. STREET ADDRE)
ò.		ay in Baltimore		8 Day	300	BYTH AVENUE	N.E.
5.	FEMALE	G. COLOR DR RACE	7. SINGLE, MA WIDOWED,	DIVORCED (Specify)	JAN 22. 18	9. AGE (in year: last birthday)	Months Days Hours Min.
10	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	108 KIND OF	BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
WOII	HOUSE			INDUSTRY	O 110		WHAT COUNTRY?
13	FATHER'S NA				14. MOTHER'S MAI	DEN NAME	0077
1.5	LHOYD		NNERY		EMMA	STARK	
(Ye	, no or unknown)	(If yes, give war or date	D FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	_			LEROY HA	RTSOUGH	SAME
CERTIFICATION	(This does heart failure injury or of the control o	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It me complication which NTECEDENT CAUS OR CONDITIONS, I E ABDVE CAUSE (A) NG CONDITION LA GNIFICANT CONDITION TO THE DEATH, BUT EASE DR CONDITION	TH of dying, e. g., uns the disease, caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CDN- NDT RELATED	(A) CHROM. DUE TO (B) DUE TD (C)	OPHOBE ADE	NOMA OF PITUIT	DNSET AND DEATH
4	19A. DATE OF	OPERATION 1	9B. MAJOR FIN	IDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA		NT WAS UNDER- CONTRIBUTING EATH	218. PLACE about home, farm, fa	OF INJURY (e. g., in actory, street, office bldg., e	or 21c. WHERE D	OMOPHOBE TY ID (If in Baltimore Ci	YES NO K
Ī	D. TIME (MINJURY	fonth) (Day) (Year	(Hour) 21E. WHILE m. WOR		ED 21F, HOW DID	INJURY OCCUR?	
	22. I hereby	certify that I att	tended the dece	eased from Ju	47 23 , 1952	to JULY 31, 1	95 4 that I last saw the
		ve on July 3					n the date stated above.
	23A. SIGNATU	· · · // -	nolas	м. р.	38. ADDRESS	onal Hospital	Sule 31,1952
24 TIC	24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, of counts) (State) TION, REMOVAL (Specify) 304/52 GRANDVIEN CENETERY SALEM, OHIO						
D/	ATE RECEIVED CAL REGISTR	952 Huntin	s SIGNATURE	iaus MP	25. FUNERAL DIRE	CTOR SONSING NO	ADDRESS ATH + BINNA AVE
	VS 150		0	7 3 6		7 2 7 3	



CATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 31 Ralph Michelson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2322 Eutaw Place Baltimore Baltimore Waryland
D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life Linden Ave & Lake Drive c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 1888 9. AGE (In years | ff Under I Year | If Under 24 Hours | Months Days | Hours Min. 6. COLOR OF RACE 21 larried July 10.0899 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore Track 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 3FARGRESSubra SECURITY NO. Lake Dr INTERVAL BETWEEN 42011 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF PPERATION LINNY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT WORK 19.25 to 1. 19 Sethat I last saw the 22 I hereby certify that I attended the deceased from_ 3 1 19 . and that death occurred at_ deceased alive on . m., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 1952 Hebrew Friendship timore St. . Balti. ngust acces ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 3/s 150

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M-255	
52 7277 BALTIMORE CITY HEALTH DEPARTMENT 52 CERTIFICATE OF DEATH Registered No	7277
1. NAME OF DECEASED	
(Type or Print) Sladys, Mc Namara OF BEATH 8-	2.25
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, Linth) Linth:	write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give location)	1 5200
	ader 1 Year If Under 24 Hours
F WIDOWED, DIVERCED (Specify) May 18 last birthday) Mont	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) Nouse Domestic Donches te R.Co. N.D.	2. CITIZEN OF
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Arie Inhason Verdie Robinson	
15. WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	DRESS
Husband	same
18. 49/ X CAUSE OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Phew monia confluent	Am Ar
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	20, AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or ebout home, ferm, fectory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give control of the con	e exact location)
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from \$ -1, 1955, to 8-2, 1955	that I last saw the
deceased alive on \$, 19 \(\), and that death occurred at \(\) 10.5 m; from the causes and on the	
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
24A. BURIAL, GREMA 24B. DATE 24G NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or	
aus 5-1952 (edg). Bluff Univaries	md.
DATE RECEIVED BY HEGGTRAR'S SIGNATURE	ADDRESS
Local Redistration Williams, M. Jaka M. Taylor 2	on.
G 3 Vs liber	
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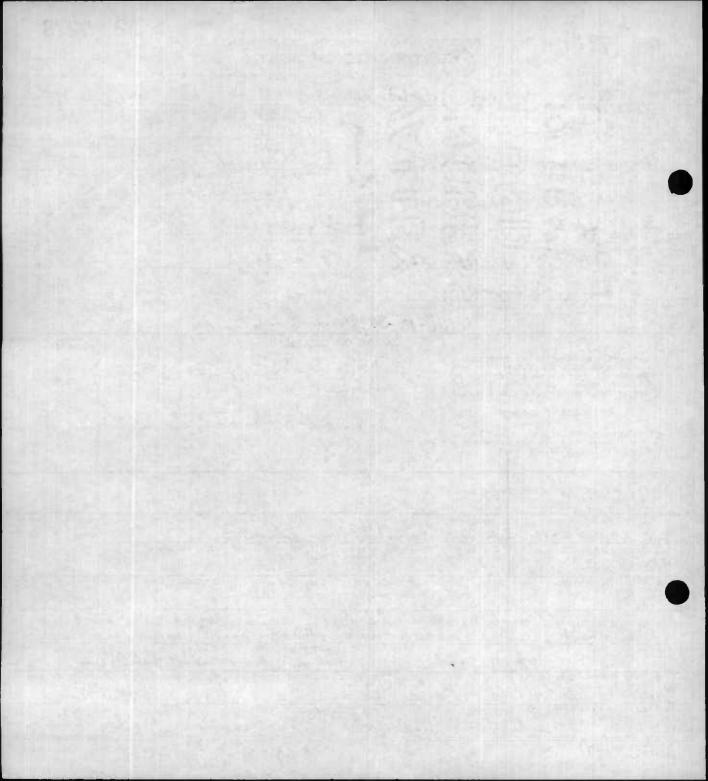


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7278

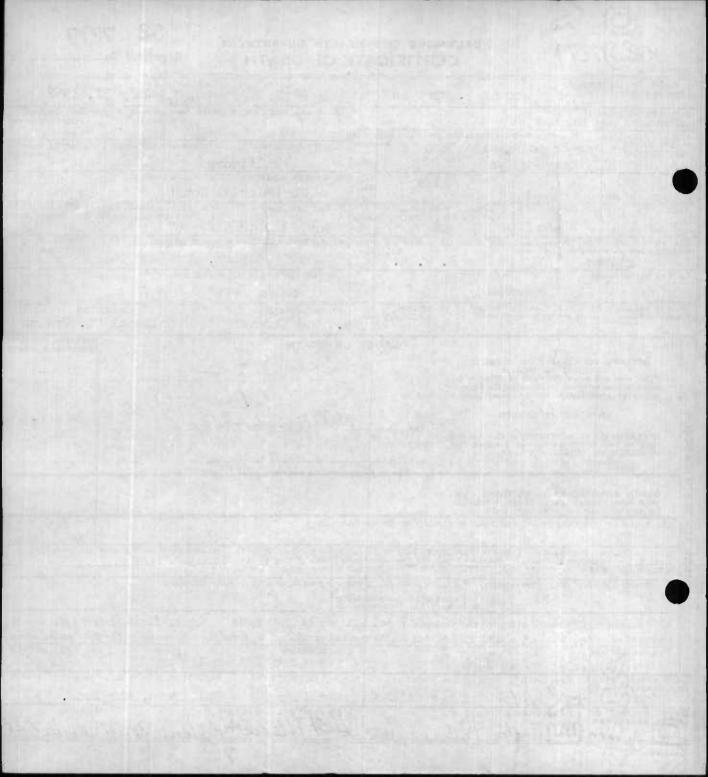
Registered No.

BIKIH	NO.							
(Type or	HOMA	s w	LEY	HUDSON	,		OF DEATH OU	2. 1,1952
A. Balti	e of death: more City, Mar	-			A. STATE	DENCE (When	re deceased lived. Yf B. COUNTY	institution: residence before admission)
HOSPIT	AL OR	not in hospita	l or institution	on, give street address locatio		VN (If out	side corporate limit	s, write RURAL and give
INSTITU	mionmen	morin	P Hos	rital	Balter	none	1	2 - 0 7 township
0			5-0	Wooha / Yrs			al, give location)	
	th of stay in Ba		001	Day	s 3027 H	unling		
5. SEX	6. COLOR	OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Speci	(1) 8. DATE OF BIR	1882	AGE (In years last birthday) Me	onths Days Hours Min.
10/0 US	UAL OCCUPATION	V (Giyekind of		OF BUSINESS OR	11. BOTHPLACE			12. CITIZEN OF
Work dane	uring most of working lift,	(CU)	Vetini	6 HANDUSTI	mane	and		WHAT COUNTRY!
13. FAT	HER'S NAME		- WEVILLE	1	14. MOTHER'S I	MAIDEN NAM	E .	
W	elleans	Hud	em.		anna	arolen	· Perig	0
(Yes, 196)	DECEASED EVER IN	U, S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO	17. INFORMANT		A	DDRESS
rentof	my !			716-12-04	01	recoul	ez (dought	.)
18.	6101	1		CAUSE	OF DEATH			ONSET AND DEATH
(*	DISEASE OR CO LEADING This does not mean	TO DEAT	Н	arter	isselepti	Contiel	rosela	
h	eart failure, asthenis	, etc. It mean	is the disease	11-1	Zare-			
		ENT CAUS						
Z				(B)	nopubric	prola	estory	
F R	ISEASES OR CON ISE TO THE ABOVE NDERLYING CON	CAUSE (A)	STATING TH	E DUE TO				
CA	NDEKETING GON	DITION EX		(C)				
F -		П	: HH-4					
H T	THER SIGNIFICA	EATH, BUT	NOT RELATE	D				
	DATE OF OPERA	400		FINDINGS OF OP	ERATION			20. AUTOPSY?
¥ 1	2 29, 196		Benig	n Prostol	i hyperty	ophy		YES NO
H LYI	. ACCIDENT WAS NG OR CONTRI JSE OF DEATH	UNDER- BUTING		CE OF INJURY (e. g arm, factory, street, office bld			n Baltimore City,	give exact location)
ID.	TIME (Month) (. NJURY	Day) (Year)		TE. INJURY OCCUP		INJURY C	CCUR?	
			m. W	WORK NOT WHI	K			
22.	I hereby certify	that I att	ended the	deceased from		52 to any	1 , 19 \$	that I last saw the
	eased alive on	lug 1	, 19 55, 0	and that death occ	23B. ADDRESS	m., from the	causes and on t	he date stated above
2JA	. SIGNATURE	In	no	A M.D.	Union	moria	O Homital	Que 1.195 >
24A. B TIOTO RE	MOVAL (Specify)	ABCDATE	7012		TERY OR CREMATOR	RY 246) LOC	ATION (City, town	, or county) (State)
		ECISTRAR'S	SIGNATU	RE.	25 FUNERAL D	IRECTOR	10/	ADDRESS.
	REGISTRAR	Hunti	igton !	Welliams, M	* Durgee	tunural	Home 31	31 Talls load
A 14	G139 - 1952		0	1 2 .	1) A Time	NO 5 /0	Quenes	



52	7279

\$-515		7	52 7279		
52 7279	CERTIFICATE		Registered No.	,	
1. NAME OF DECEASED	oh F. Donovan		2. DATE OF July 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	Where deceased lived. If institution: residence B. COUNTY / before admis		
HOSPITAL OR Long Green Nurs	9		outside corporate limits, write RURAL and town	d give	
115 Melrose Ave	Life Yrs. Mos.	Baltimor D. STREET ADDRESS (If 302 Colonial	rural, give location)		
	Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 14, 1865	9. AGE (in years Under Year Under 24 Last birthday) Months Dnys Hours		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	Widowed B. KIND OF BUSINESS OR INDUSTRY B & O. R. R.	11. BIRTHPLACE (State or fo	oreign country) 12. CITIZEN OF WHAT COUNT	TRY?	
13. FATHER'S NAME Simon Donova		14. MOTHER'S MAIDEN N.	AME		
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL	17. INFORMANT	ADDRESS 302 Colonial Ct. Towso		
DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT	ing, e. g., (A)	Princity - Arteriocalerrai	ONSET ANO D		
	MAJOR FINDINGS OF OPER	ATION	20. AUTOPS		
LYING OR CONTRIBUTING == 100	1B. PLACE OF INJURY (e. g., in but home, farm, factory, street, office bldg., e		If in Baltimore City, give exact location)		
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK					
23A. SIGNATURE LIMITED, JOHN 24A. BURIAL, CREMA. TION, REMOVAL (Specify) Burial 8/4/52	ed the deceased from 952, and that death cocur	red at a m., from to 38. ADDRESS 29 23 W Taul RY GRCREMATORY 240. L	he causes and on the date stated all 23c. DATE SIGN (City, town, or county) (Staltimore, Maryland. ADDRESS Jon - 805 M. Caluat	bove.	



W-62 3
52 7280 BALTIMORE CITY HEALTH DEPARTMENT

CEPTIFICATE OF DEATH

52 7280 Registered No.

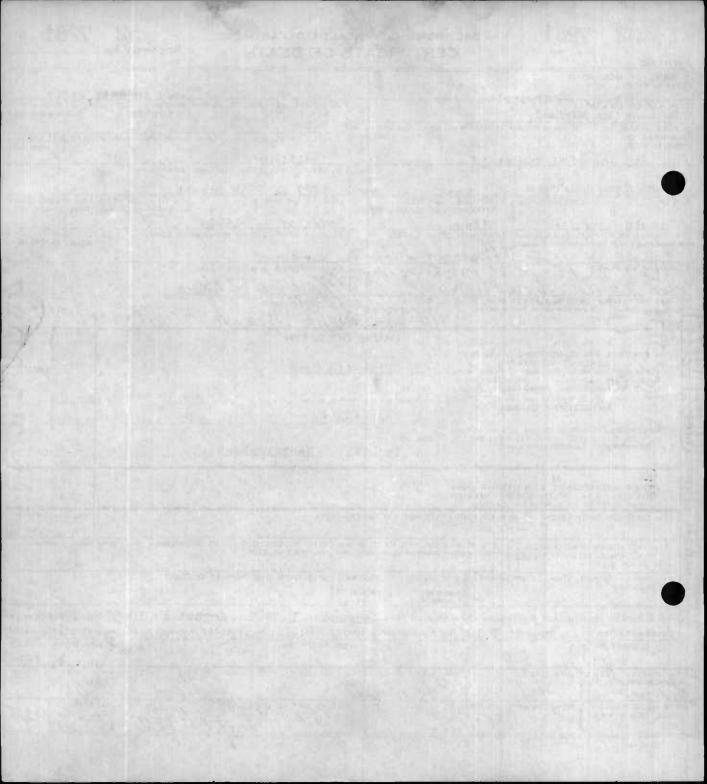
BIRTH NO.	LOIDEATT			
1. NAME OF DECEASED	2. DATE			
(Type or Print) Wright, Enoch Franklin	DEATH August 2, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or				
HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
1/1 St. Joseph Hospital	Beltimore 8-02			
Yrs.	D. STREET ADDRESS (If rural, give location)			
ength of stay in Baltimore 12 yr Mos. Days	2418 E. Federal St13			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9 AGE (in years) If linder 1 Year If illnder 24 Hours			
male white Widower (Specify)	3/1/1860 last birthday) Months Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
work done during most of working life, even if retired)	WHAT COUNTRY?			
13. FATHER'S NAME	Virginia 14. MOTHER'S MAIDEN NAME			
13. FATHER'S NAME	0 21 3 11			
Vohy Wright	Sauldera Austin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
	Viss alone Wright 2418 E. Tederal ST			
18. /_/ 7.× . CAUSE	OF DEATH			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
	el Hemorrhage			
heart failure, asthonia, etc. It means the disease,				
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES				
Z BISEASES OF CONDITIONS IS ANY CHANGE	ensive Cardio Vascular Disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
UNDERLYING CONDITION LAST.	lized Arteriosclorosis with			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)GENERAL OTHER SIGNIFICANT CONDITIONS CON-	Auricular Fibrillation			
OTHER SIGNIFICANT CONDITIONS CON-				
IN TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?			
I ISA. DATE OF OPERATION OF ISB. MASON FINDINGS OF OFER	YES NO G			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,				
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,				
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?			
FINJURY WHILE AT NOT WHILE				
m. WORK AT WORK				
22. I hereby certify that I attended the deceased from July 21, 1952 to August 2, 1952 that I last saw the				
	rred at 8:30pn., from the causes and on the date stated above.			
23A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED			
L. 107/ac x. M.D.	St. Joseph Hospital Aug. 2, 19			
244. BURIAL CREMA- 248. DATE // 24C. NAME OF CEMETE				
Removal (Specify) 8/3/52 Private Bur	wing Tround Parend Whose Co. Va.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS			
LOCAL REGISTRAR	Um Cat In 12m Ct P. Oct			
145 2 - 1052 1 willington 1 man	1 - 00 Me, 121 / St. 1aux V-			
VS 150	0 1 9 7 9 7 0			

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BALTIMORE CITY HEALTH DEPARTMENT

52 7281 Registered No.

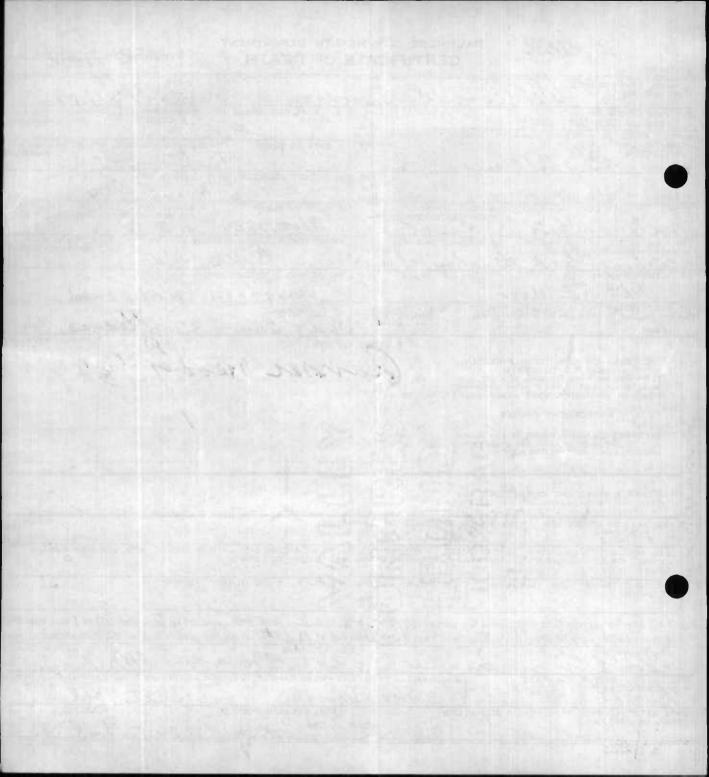
BI	RTH NO.			CERTIFICATI	OF DEATH		
	NAME OF D	ECEASED				2. DATE OF	
DDOCCTD Managemit a				DEATH AUGU			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived If B. COUNTY	institution: fesidence before admission)		
	FULL NAME		tal or institut	ion, give street address or	Maryland		,
HC	STITUTION			location)		f outside corporate limi	ts, write RURAL and give
		Toward In IIn	4407		Baltimore	9	township)
W	34.	Joseph's Hosp	7 (34]	Yrs.	D. STREET ADDRESS (II	f rural, give location)	71
c	heth of s	stay in Baltimore	8 year	Mos. Days	1727 E. 25th S	Strant	
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under Year If Under 24 Hours
	mia.s.	1.07 1.1		ED, DIVORCED (Specify)	Warran 00 300	last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	Widow	OF BUSINESS OR	November 28, 189	foreign country	12. CITIZEN OF
	done during most	of working life, even if retired)		CALBOOK			WHAT COUNTRY
13	Typist FATHER'S	NAME /	Typica	mey money	Maryland 14/MOTHER'S MAIDEN D	Dia	
13	LA	ment of	In hour	ne Heliable ind	14 MOTHER'S MAIDEN D	IAME	
_/	Jenn	11 XNOU	reli	01/	Margaret X-1	agne	61
015	WAS DECEAS	ED EVER IN B-S ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. THE GRMANT		DDRESS ///
	w			214-03-6034	John rouch	. / ono	-on "19
	18. 26	o X	English X		OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	. (A) Diabe	tic Coma		24 hours
	heart failt	ire, asthenia, etc. It mes	ans the diseas	e.	24. 484. 2-4 246. 246. 246. 27. 22	***************************************	
	injury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAU	SES				
Z	DISEASE	S OR CONDITIONS,	IF ANY. GIVIN		cemia	.**************************************	
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING TH				
V V	ONDERE	THIS CONDITION L	n31.	(c)I.schiaJ	Rectal Absce	.cs	4-5 days
CERTIFICATION		11					
노		II SIGNIFICANT COND					
빙		TO THE OEATH, BUT					., ., ., ., ., ., ., ., ., ., ., ., ., .
				FINDINGS OF OPER	ATION		20. AUTOPSY?
4		0					YES NO
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., in factory, street, office bldg., c		(If in Baltimore City,	give exact location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
F	INJURY	(22020) (22) (222		WHILE AT NOT WHILE			
h			m.	WORK AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from Aus	ust 1, 1952, to A	ugust li 119	52 that I last saw the
	deceased a	live on Augus	t. 19 195	and that death occur	red at 9:10 pm., from	the causes and on t	he date stated above
	23A. SIGNA	TURE			Зв. ADDRESS		23c. DATE SIGNED
		40 hail	V	м. D.			Aug. 1. 152
TIC	BURIAL.	CAEMA- 24B. DATE		24C NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, town	or county (State)
3	mal-	8/4		Chenerer	1	nose	1199
	ATE RECEIVE		'S SIGNATE	JRE O	25. FUNERAL DIRECTOR	1	ADDRESS AND
-	OCAL REGIST	RAR	L Tie		Mil who	E/ 12/78	It fan VX
7	5 m . 401	A Twiting	W. Ad	MALLER MOT	1000	7 -00	1 Voux 19
NU	G Re-12bh	202		1 150	30	Gia 4	



52 7282 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere PNo moon

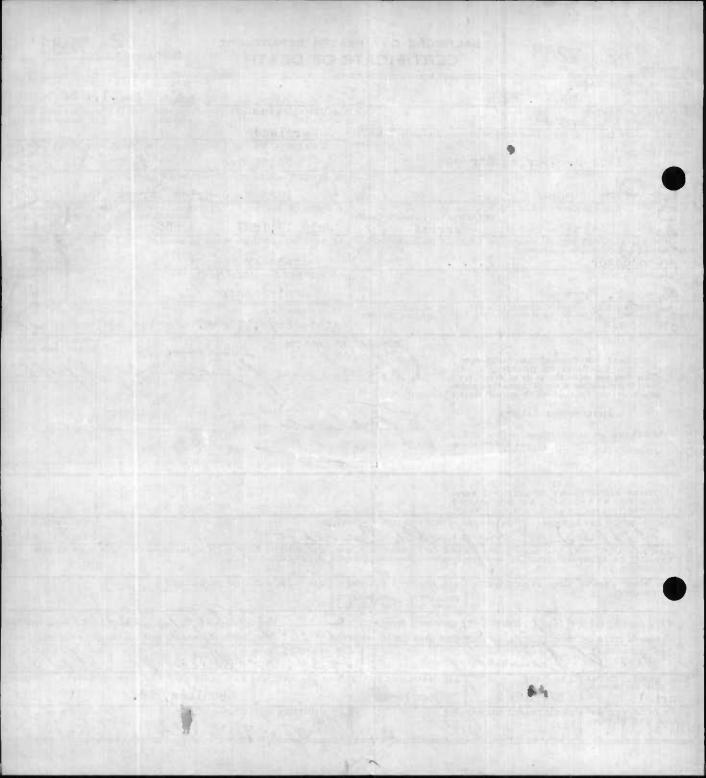
BII	RTH NO.			CERTI	FICAI	E OF DEAT			CANA	1200
	NAME OF DEC	EASED Wil	liam	w.	San		154	2. DATE OF DEATH	7/3	1/52
	PLACE OF DEA Baltimore City					4. USUAL RESID	ENCE (WI	here deceased B. COU		stitution : residence before admission)
HC	FULL NAME OF	(If not in hosp	ital or instituti	on, give stre	et address of location	c. CITY OR TOWN	V (If o	outside corpor	ate limits.	write RURAL and give
IN	STITUTION 2	706	24,00	av			7.	Balto	9	-O Hownship
		700	749		Yrs. Mos.	D. STREET ADDR	ESS (If r	ural, give loca	tion)	
		y in Baltimore	2 EINCLE	, MAKRIED	Days	8. DATE OF BIRT	06	Hugo	, was	der 1 Year If Under 24 Hours
3.	ma la	White		ED, DIVOR			289			hs Days Hours Min.
10	A. USUAL OCCU	PATION (Give kind	of 10B. KIND	OF BUSIN	ESS OR		State or for	eign country	1:	2. CITIZEN OF WHAT COUNTRY
0	Kip/geng	orkine life even if retire	Mund	my Sey	helies	13	alto	. Md		WHAT COUNTRY
13	FATHER'S NAI	0 1		//	100	14. MOTHER'S MA	AIDEN NA	ME /	VENTER	. 1
15	WAS DECEASED	SUNUE EVER IN U. S. ARM		16. SOCIA	\ 1	*Sar-	basa	(Un	1/20	was
		(If yes, give war or de			RITY NO.	17. INFORMANT		2701	16	RESS (IN
	18. 157V	1			CAUSE	OF DEATH	ROU	700		INTERVAL BETWEEN
		OR CONDITION			6		920	1 00	and.	ONSET AND DEATH
	(This does no	EADING TO DE. ot mean the mode asthenia, etc. It m	of dying, e. g		(C) 60	N41UC	The	000	9	3 2 700
		mplication which						/		
_	AN	NTECEDENT CAL	JSES	(m)				-/		
ATION		R CONDITIONS,		G		••••••••••	0		······································	***
SAT		IG CONDITION				•	0.0		•••••	
IFIC		Н						in the second		
ERT		NIFICANT CONI								
Ü		ASE OR CONDITIO			OF OPE	RATION				20, AUTOPSY?
AL	195	1	C	nus	er					YES NO
EDIC		T WAS UNDERSONTRIBUTING		CE OF INJ arm, factory, str				in Baltimor	e City, giv	re exact location)
2	O. TIME (M	onth) (Day) (Yes	r) (Hour)	21E. INJUR			D INJURY	OCCUR?		
	The second		m.	WORK	NOT WHILE			,		
	22. I hereby	certify that I a	0		6 1					that I last saw th
	deccased aliv	e or roy 3	1954	and that a		rred at 1 3 0 m	., from th	ic causes a	nd on the	date stated above
	Lero	Times	merc	manne	м. р.	9858-99	lar	pre	200	aug 2,52
24	A. BURIAL, GROOM, REMOVAL (Spo	24B, DATE	/	_	OF CEMET	ERY OR CREMATOR	240.40	CATION (Ci	ty, town, o	r county) (State)
	12,000	1084	52	1	44 (2	come &		13,	07	W_O
			0 2		17,		-	· Ou	K/6.	TACK .
D	ATE RECEIVED	BY REGISTRA	R'S SIGNATU		A AST	25. FUNERAL DI	RECTOR	100	C4 7	ADDRESS
D	ATE RECEIVED	BY REGISTRA	R'S SIGNATU		a- Mizi		Suc.	12170	St. 72	ADDRESS



F-600 52 7283

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

BIRTH NO.			CLITTI TOAT	- OI DEATH		
1. NAME OF DE (Type or Print)				2. DATE OF A 1 1050		
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	JOHN C. F	RYE			DEATH AUG	.1,1952
3. PLACE OF DE				4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
		al or institut	ion, give street address or			
HOSPITAL OR			location)	C. CITY OR TOWN	f outside corporate limi	ts, write RURAL and give
12	23 N. Charle	s Street	t	Baltimore	11-	township)
			Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c. Length of sta	ay in Baltimore		Mos. Days	1223 N. C	harles Street	
	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH		If Under I Year If Under 24 Hours onths Days Hours Min.
Males	White		ED, DIVORCED (Specify)	July 13,1996	1ast birthday) M	onths Days Hours Min.
10A. USUAL OCC	UPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
	working life, even if retired)	DDI	INDUSTRY	Kentucky		WHAT COUNTRY
Conduct		P.R.I	N. e	14. MOTHER'S MAIDEN	IAME	
Joseph M.			1	Annie Sharp	e	
(Yes, no or unknown)	O EVER IN U.S. ARMED (If yes, give war or dates	of service)	SECURITY NO.	17. INFORMANT		DDRESS
No				Nettie Frye,1223	N. Charles S	t
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					2/11/52	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
						20. AUTOPSY?
4 4/1/5 L tropealle Carel YES NO						
21. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about tome, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about tome, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about tome, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about tome, farm, factory, street, office bidg., etc.)					give exact location)	
D. TIME (I	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK		RY OCCUR?	
22 I homoha	certify that I att			e 1912/tol	lua / 195	that I last saw the
deceased ali		, , ,	and that death occur	11211		he date stated above
28A. SIGNAT		L, 10-07		38. ADDRESS	Ma 14	23c. DATE SIGNED
Roder	Deka	rsk	Y M. D.	1939 mc &	ldery II	8/1/52
	REMA: 248. DATE pecify 8/4/52	1	24c. NAME OF CEMETE Woodlawn		odlawn, Md.	or county) (State)
		SSIGNATI		25 FUNERAL DIRECTOR		ADORES A
DATE RECEIVED	AR Hunting	For W	Higgson At 20	My sof the	V 8/2/1 S	Tou ST
VS 150	8		203	50		

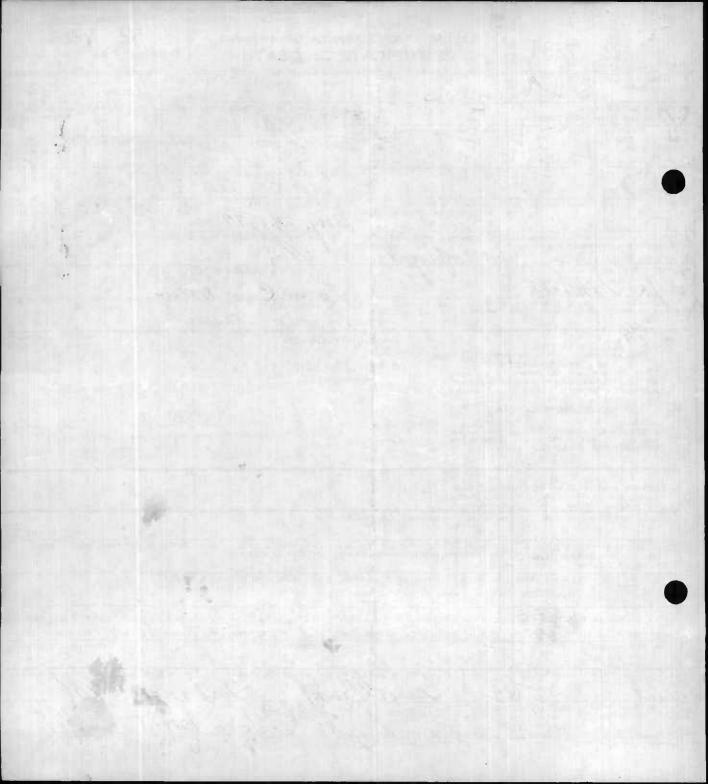


5-5-36

BALTIMORE CITY HEALTH DEPARTMENT

59	7284
	1 LOX
Registered No	

	SIRTH NO. 52 7284 CERTIFICAT	E OF DEATH Registered No.
	Type or Print) Sally Sanders	2. DATE OF OLEG. 1, 1952
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, It institution: residence a. STATE B. COUNTY before admission)
	9. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION More Corp.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
)	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min.
	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT OF THE OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY FOR SUBJECT O	11. FIRTHER ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
X	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (ce, so or unknown) (If yes, give war nr dates of service) 16. SOCIAL SECURITY NO.	12 INFORMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE (A) DUE TO	OF DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
MOITACI	(C)	
CEDTIE	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
14.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
MEDICAL	CAUSE OF DEATH	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
		leg 31 1952, to Oreg 1, 1952, that I last saw the rred at 8 5 p.m., from the causes and on the date stated above.
	233. SIGNATURE LE TURELL M. O.	P.m., from the causes and on the date stated above. 238 ADDRESS 230. DATE SIGNED 231. SZ
	PAA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify)	ry or CREMATORY 240. JOSAFION (City, town, or couply) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. ENNERAL DIRECTOR JULY STORMERS
THE STATE OF THE S	JG 3s 190 12 Miliamite, M. M.	0 0 0 7 2 0 2



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Dena Yumkas (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION township) uniore Yrs. D. STREET ADDRESS (If rural, give location) Mos cassen ngth of stay in Baltimore It Under 1 Year If Umder 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED. 8: DATE OF BIRTH AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. JUSUAL OCCUPATION (Givekind of) 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR vork done during most of working life, ofen if retired) WHAT COUNTRY? INDUSTRY Vouse wife usul 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL YES 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK 195 2 to. 1936, that I last saw the 22. I hereby certify that I attended the deceased from.

deceased alive on 23A. SIGNATURE

19 5 2 and that death occurred at!

3 ml., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

NAME OF SEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

BURIAL, CREMA-244/

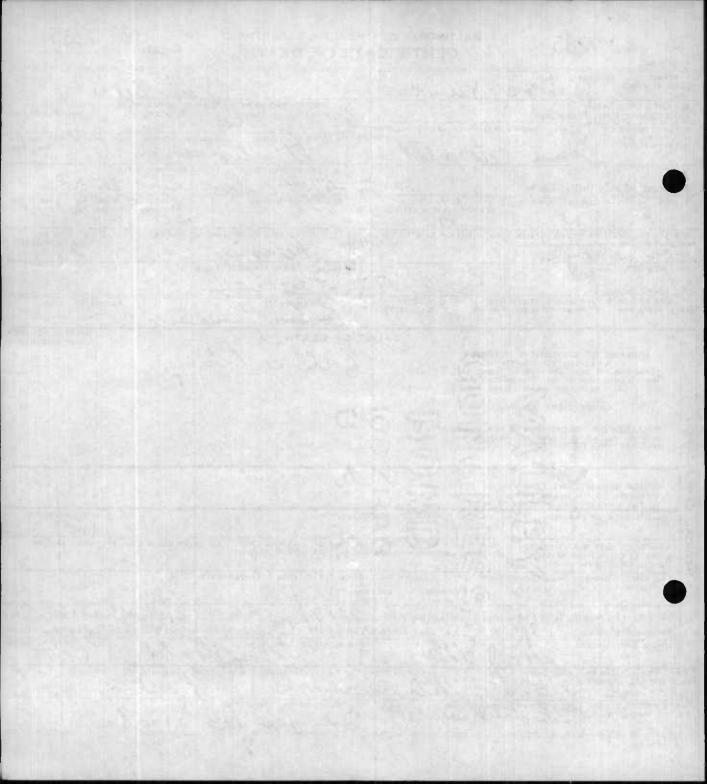
24B. DATE TION REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

FUNERAL DIRECTOR

ADDRESS

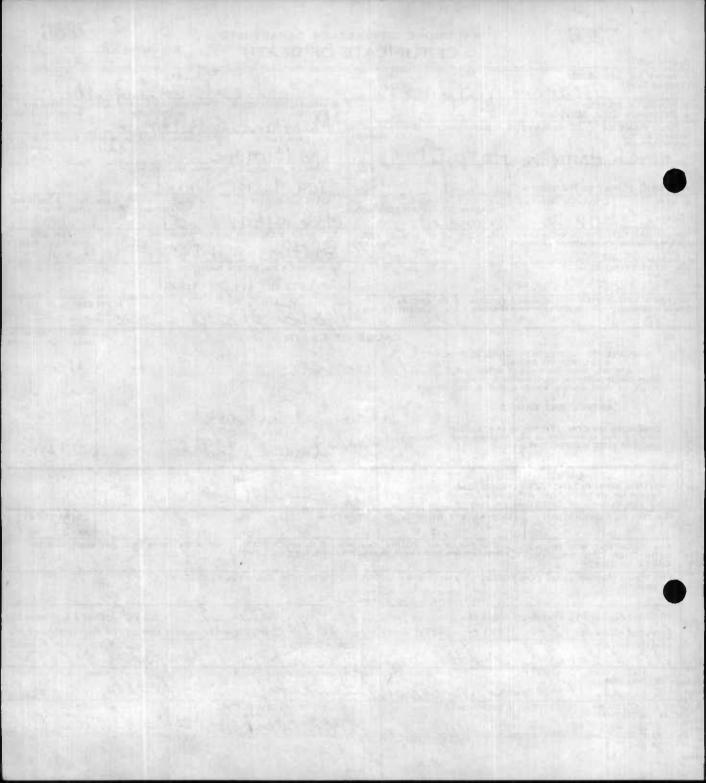
2100 Quilau



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7286

CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Eleanore V. Speert 2. DATE OF DEATH August 1.	
(Thomas on Daint)	
	1952
A. Baltimore City, Maryland A. STATE A. USUAL RESIDENCE (Where deceased lived, If institution: re A. STATE B. COUNTY before	sidence admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution) (If outside corporate limits, write RURA (If outside corporate limits, write RURA)	
Church Home & Hospital Baltimore	township)
congth of stay in Baltimore Life Yrs. Mos. Days Day	1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years last hirthday) Months: Days Ho	Under 24 Hours ours Min.
10A. USUAL OCCUPATION (Give hind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	LOF
	OUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
George Vankin Sarah Lipman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service) SECURITY NO. WOSE Security No.	ع
	BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not many the mode of during a gr	lun
heart failure, asthenia, etc. It means the disease,	age
ANTECEDENT CAUSES	U
1 1 40: 60. 1.1.1	rell
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO LICENTAL 30	
onserving constition easi.	yrs.
	-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OF CONDITION CAUSING IT.	
	TOPSY?
YES	NO L
VES 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH YES 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Baltimore City, give exact loc INJURY OCCUR?	ation)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby ceftify that if attended the deceased from 7/2-9, 1952, to 8//, 1952, that I las	t san the
deceased alive on 8/1, 1952, and that death occurred at 12 Pmf from the causes and on the date state	
234 ADDRESS / 23CADATE	
11. I MANGER. 11. JAMMES " MINCH HOME & NOOBULL 1/1	<u> </u>
24. BURIAE, CREMA- 24B. DATE 240. NAME OF CEMETERY OR CREMATORY, 24D. LOCATION (City, town, or county)	(State)
24. BURIAL CREMA- 24B. DATE 240. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Chy, town, or county) / Survey 8-3-12 Newscall Fully Fully fully	Md
24. BURIAL, CREMA- 24B. DATE 240. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	Pl



P-152 7287 BALTIMORE CITY H	LALIN DELAKTMENT	7287
BIRTH NO.	E OF DEATH Registered N	0
1. NAME OF DECEASED ROSE RUBEN.	STEIN 2. DATE OF DEATH 8.	2-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location INSTITUTION		, write RURAL and give township)
7016 Gast Mallimore X	D. STREET ADDRESS (If rural/give location)	-040
ength of stay in Baltimore 39 mos.	2016 East Galtimo	re St
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specify		Under 1 Year If Under 24 Hours hths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS OR INDUSTRY INDUS		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
Harry	anna .	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unbnown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ALLEGE TO ALL	DDRESS
IB. 4701 . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	nary Thrombasia	+
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	3	10 mmules
ANTECEDENT CAUSES	a alsed a tenin scale	2 0 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO . /	May will a source	20 years
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	perlension	20 years
OTHER SIGNIFICANT CONDITIONS CON. BYTHUM TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	el asthma	35 48875
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.		100 00 00
2 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS		
m. WHILE AT NOT WHILE		•
deceased alive on July 31, 1952 and that death occur		that I last saw the e date stated above.
23A. SIGNATURE Cohen M.D.	1804 Entaw Place	8/2/3°2
248. BURIAL, CREMA 248. DATE 248 NAME OF CEMET	RY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	3. FUNERAL DIRECTOR	SODRESS B
AUG 3-1981- 1- WHI WAS HOT	Jaes hewis the 21006	utaw /
VS 150	0 %	

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	HEALTH DEPARTMENT X 52 7288 ATE OF DEATH Registered No.
1. NAME OF DECEASED	SACCUALIS (2. DATE (2.)
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE OF DEATH DEATH O- DEATH A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street addr locs INSTITUTION)	ess or c. CITYOR TOWN (If outside corporate limits, write RURAL and give township)
ngth of stay in Baltimore 40	Yrs. D. STREET ADDRESS (Frurs), give location) Mos. 4418 (MShaw av
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S	1 66
10A. USUAL OCCUPATION (Givekind of rock dogs during face) working life, even if retired) 13 FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	GOLDINA ADDRESS
(If yos, give war or dates of service) SECURITY	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ente Cerebal Embolisa Menio Scherais
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198, MAJOR FINDINGS OF	OPERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH 21B. PLACE OF INJURY about home, farm, factory, street, office about home, farm, factory, stre	e. g., io or bldg., etc.) 21C, WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?
m. WHILE AT WORK AT W	195, to 82, 195, that I last saw the
deceased alive on 1952, and that death of	238. ADDRES BUSINES 23C. MATE SIGNED
DATE RECEIVED BY REGISTRAR'S SIGNATURE	METERY OR CREMATORY 200 LOCATION (City, town, or county) 7 (State)
UC 3 1952 Hat togton Williams M	Halk Lewis the 2100 bestin K
296	96A

Hornston

R-	25~
52	7289
RTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT

X 52 7289

CERTIFICA	TE OF DEATH Registered No.		
BIRTH NO.			
1. NAME OF DECEASED Mr. Harry Ros	enshield 2. DATE OF 8-2-52		
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission		
B. FULL NAME OF (If not in hospital or institution, give street address			
HOSPITAL OR locatio	C. CITY, OR TOWN (If outside corporate limits, write RURAL and giv.		
sevudales	Seex 5350		
Yrs			
c. Length of stay in Baltimore			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Control of the Control of	8. DATE OF BIRTH /9. AGE (In years If Under I Year If Under 24 Hours		
vace write widowed	1 1 1 1		
10A. ASUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork dove during most of working Me, even if retired)	11. BIRTHE ACE (State or foreign country) 12. CITIZEN OF		
Ketired Comración	100auca 1.0.9.		
13. FATHER'S NAME WAST.	14. MOTHER'S MAIDEN NAME		
Mot Trown	Not I nown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS		
Yes, no or unknown) (If yes, give was or dates of service) SECURITY NO.	Harletel hoomals		
18. 2.2 n./ CAUSE	E OF DEATH INTERVAL BETWEEN		
822X	ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Kelyal Harrister. 4da.		
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,			
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
(в)	bral William clerens years		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO			
UNDERLYING CONDITION LAST. (C) Teneral Afterior Clarity years			
OTHER CICNIFICANT COMPLETONS CON			
OTHER SIGNIFICANT CONDITIONS CON-	1.1 by 4 3 9000		
	EDATION (
198. MAJOR FINDINGS OF OP			
ACCUPANT WAS HAIDES AS PLACE OF INHIBY (a	yes No L., in or 21C. WHERE DID (If in Baltimore City, give exact location)		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bld			
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F. HOW DID INJURY OCCUR?		
INJURY WHILE AT NOT WHI	LE		
m. WORK AT WOR			
22. I hereby certify that I attended the deceased from 7	- 2 6, 194, to 8 - 2 , 1954 that I last saw th		
deceased alive on 8 - 2 -, 1952, and that death occ	curred at		
	23B ADDRESS 23C. DATE SIGNED		
serone s. muse . M. D.	TERY OR CREMATORY 24D. LOCATION (City, town-or pounty) (State)		
24A. BURIAL, CREMA- 24B. DATE 110N, REMOVAL (Specify)	The deliberation of the state o		
removal 8-2-12 / Stong	1/ for full I wond 1/en fort		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS ADDRESS		
1992 A - 1/1/41	July Levers Ine - 2100 bulan		
VS 150	10 719 8 7		
28	021/		
	~ y		

NOT A MEDICAL EXAMINER'S CASE

Willia Work M.D.

CHIEF OF ASSET ASSET AMINER

ス-45~ 52 7290

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7290

1. NAME OF DECEASED (Type or Print) LENA ZELLINGER 2. DATE OF DEATH July	31,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 3010 Dillon St. B. FULL NAME OF (If not in hospital or institution, give street address or Md.) 4. USUAL RESIDENCE (Where deceased lived. If instit A. STATE Md.)	ution: residence before admission)
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give townshlp)
c. Length of stay in Baltimore Life Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 3010 Dillon St.	0/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Female White Married 9. AGE (In years last birthday) Months:	Days Hours Min.
rock done during most of working life, even if retired) House Work At Home Baltimore, Md.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick Rodenberg 14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or nnknown) (If yos, give war or dates of service) No None 17. INFORMANT Charles J. Zellinger 3010 Dillo	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	COARS.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give entry) of the contribution	20. AUTOPSY? YES NO Exact location)
CAUSE OF DEATH CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK 22-I hereby certify that I attended the deceased from deceased alive on 15, 19, and that death occurred at m. from the causes and on the deceased alive on 15, 19, and that death occurred at m. from the causes and on the deceased from the causes and on the deceased alive on 15, 19, and that death occurred at m. from the causes and on the deceased from the causes are deceased from the causes and on the deceased from the causes are deceased from the causes	at I last saw the ate stated above.
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24b. DATE 24c. NAME of CEMETERY OR CREMATORY August 4 1952 24c. NAME of CEMETERY OR CREMATORY 7101 66	Ba Clo M
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR AUG 3 - 1952 REGISTRAR'S SIGNATURE LOCAL REGI	cling St.

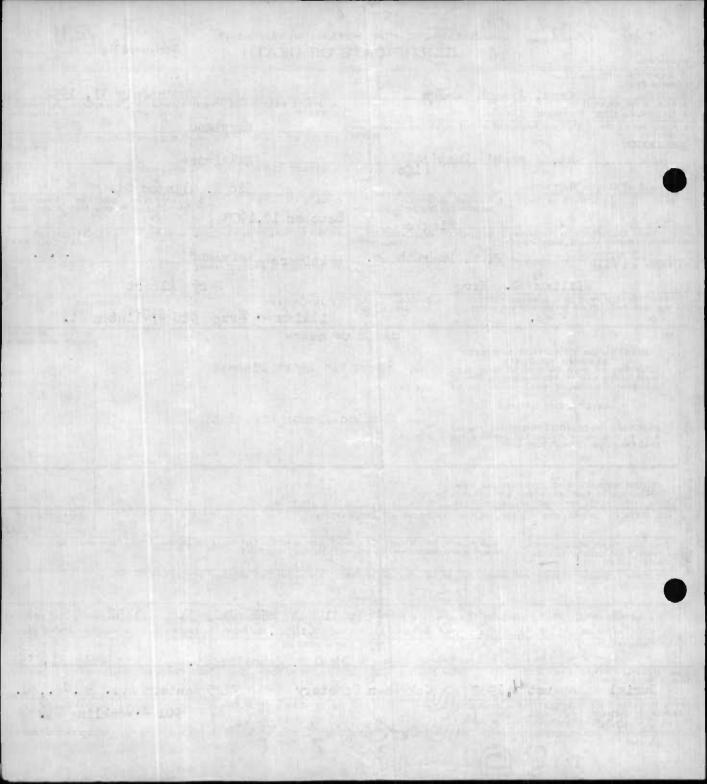
. I (m) 1 0 10 . Si Bella ditta againstal and and

K-62 2 7291

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

52 7291

BIRTH NO.	TIE OF DEATH		
1. NAME OF DECEASED (Type or Print) 2. DATE			
Kmig. Joseph George	OF DEATH July 31, 1952		
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address local	c. CITY OR TOWN (If outside corporate limits, write RURAL and give		
St. Joseph's Hospital	township)		
	rs. o. STREET ADDRESS (If rural, give location)		
mostle of store in Deltimone	926 S. Clinton St. 7-6-//		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Under 1 Year If Under 24 Hours		
WIDOWED, DIVORCED (Sp	October 10,1903 last birthday) Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O			
work done during most of working life, even if retired)	TRY WHAT COUNTRY?		
Laborer J. H. McGrath Co.			
Chine Da			
William L. Krug	Mary Albert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	O. 17. INFORMANT ADDRESS		
No No.	William L. Krug 926 S. Clinton St.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	matic Heart Disease diac Descompensation		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194 DATE OF OPERATION - 198 MAIOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH	g, in or 21C. WHERE DID (If in Baltimore City, give exact location)		
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from J	11y 31 , 1952, toluly 31 , 1952 that I last saw the		
deceased alive on July 31, 152 and that death o	ccurred at6:45p.m., from the causes and on the date stated above.		
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED		
gom m. Krager M.O			
TION, REMOVAL (Specify)	Cometery 7225 Eastern Ave. Ba. Co. Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 901 S. Conkling St.		
VS 150	042200		

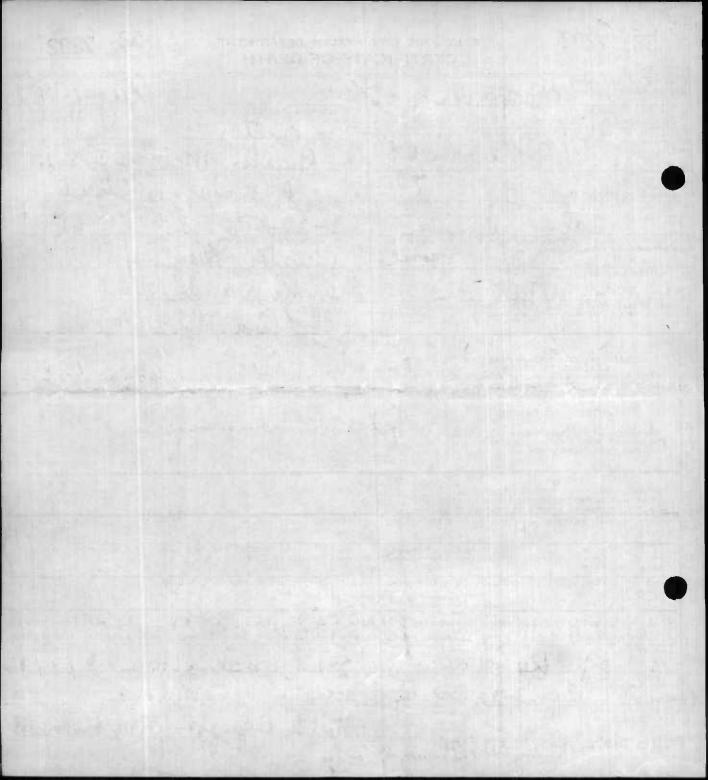


W	-6 52	7292
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7292

BIRTH NO.	
1. NAME OF DECEASED Mary Wright	2. DATE OF DEATH Que 1-1952
A. Baltimore City, Maryland	L RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	OR TOWN (If outside comporate limits, write RURAL and give
INSTITUTION 618 Warner St	alle, Md. 22-020 winship
72 Yrs. Mos.	The T
c. Length of stay in Baltimore Days 5. SEX 6. COLOB OR RACE 7. SINGLE, MARRIED. 8. DATE 6	DF BIRTH 9. AGE (In years)
WIDOWED, DIVORCED (Specify)	9 16 7.6 Past birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kiod of toler kind) 10B. KIND OF BUSINESS OR 11. E RTH work doceduring most of working life, even if retired)	IPLAGE (State or foreign country) 12. CITIZEN OF
none (he	Mayland WHAT COUNTRY
14. MOTH	IER'S MAIDEN NAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL 17. INC.	u vandins
(Yes, no or doknowo) (If yes, give war or dates of service) SECURITY NO.	Mria Paylor-618 Warner St.
18. 33/X 1 CAUSE OF DEAT	TH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	hen 1 12 1
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	lenges
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
ONDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION OF 198 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 218. PLACE OF INJURY (e. g., in or 21c. V	VHERE DID (If in Baltimore City, give exact location)
	RY OCCUR?
YRULNI	HOW DID INJURY OCCUR?
m, WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 2	, 19 5 to (, 19.5, that I last saw the
deceased alive on , 19) and that death/occurred at 23A. SIGNATURE 23B. ADDRE	
With Walls M.D. TIS	4 h lmolog u 8/2/5
24a. BURIAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OF CREE	MATORY 24D. LOCATION (City, town, or count) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNE	RAL DIRECTOR ADDRESS
AUG 3 - 1952 de de 1960	C D VICE TO VIVIANITY AT
Huntington Willeams My	



1	56
BIRTH	7293

CERTIFICATE OF DEATH Registered No. 7293

BIRTH NO.	ERIFICALI	E OF DEATH	N. Co. Stored	110
1. NAME OF DECEASED (Type or Print) SARA ELIZAB	ETH HA	UKINS	2. DATE AU OF DEATH	11/52
3. PLACE OF DEATH: A. Baltimore City, Maryland			E (Where deceased lived. B. COUNTY	f institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR UNION HEMOR	n, give street address or	c. CITY OR TOWN	(If outside corporate line	its, write RURAL and give
	Trs.	D. STREET ADDRESS	(if rural, give location)	
c. Length of stay in Baltimore	Mos. Days	GLEN		5355
5. SEX 6. COLOR OR RACE 7, SINGLE.		OCT 12.18	9. AGE (in years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	H.C.
HATTER PHILIP	HAWKINS	ELIZAB.	ETH VAC	ES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1/4	ADDRESS
		EARLE 1.	HAWKINS	SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-	(A) DUE TO	inomates	KEPHEW)	INTERVAL BETWEEN ONSET AND DEATH
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************			
	FINDINGS OF OPER	RATION		20. AUTOPSY?
= 1 21a. ACCIDENT WAS LINDER. 418. PLAC	E OF INJURY (e. g., i: m,factory,street,office bldg.,		(If in Baltimore City,	give exact location)
INJURY	IE. INJURY OCCURR		JURY OCCUR?	
22. I hereby certify that I attended the d	eceased from Vu			1, that I last saw the
deceased alive on 406/, 19.52-an	nd that death occur	red at 1 33 m., fro	m the causes and on	the date stated above.
Waverly S. Freen.	B M.D. 2	Cuin Them	erial Heap.	8-1-52
24A. BURIAL, CREM 24B. DATE TION, REMOVAL (Specife) Cuth 3/5-2	Smith Chap	. 0	LAND TO	keford M1
DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAP AUG 4 - 1952		25 FUNERAL DIRECT	Fratu Be	Elen hus
VS 150	5) i	17 7 12 7		

THE EXTENSION WHENES SAD Seend HEMORIAL HIS John Michiga SHEW THIN SPANIST 2 CLARY KART COLLEGE LANGE THE ENGLESS AND STREET

1 2700g cypniae og hedi	cal Externe	ner		
NA ICOT		EALTH DEPARTME	Registered 1	7294
BIRTH NO.	CERTIFICATI	E OF DEATH		
Type Print LECIL PEYTON MOR	TON		2. DATE OF DEATH	3-52
a. Baltimore City, Maryland		A STATE	CE (Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or instituti HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
UNION MEMORIAL H	os P.	SHEET ADDRESS	(If rural, give location)	ELTA
c. Length of stay in Baltimore	Mos. Days	D. STREET ADDRESS	(If I that, give meation)	
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW	MARRIED.	8. DATE OF BIRTH		f Under I Year H Under 24 Hours onthis Days Hours Min.
10A. USUAL OCCUPATION (Give kind of one during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
EXECUTIVE MILL	ING	Missou		WHAT COUNTRY
13. FATHER'S NAME JOSEPH MORTON	drain (2)	L AURA	ELLEN JE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DIPAESE .
No	SECORITY NO.	mrs. Let	a Morton	Delta, Pa
18. 610 X I	CAUSE	OF DEATH		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g	. (A) asp	instania		Zhrs
heart failure, asthenia, etc. It means the disease injury or complication which caused death.				
ANTECEDENT CAUSES	(B) Obs	truction.	istestinal	
DISEASES OR CONDITIONS, IF ANY, GIVIN	G	TCE		م ما الا
UNDERLYING CONDITION LAST.	(c) 170	RIGIECION		17 days
II OTHER SIGNIFICANT CONDITIONS CON	Cheumas	ic heart dis	eace	
TRIBUTING TO THE DEATH, BUT NOT RELATE	D YUUNGU S	leursus, ca	was hypertro	bha
19A. NATE OF OPERATION 19B. MAJOR	FINDINGS OF OPE	A John	determined	20. AUTOPSY?
	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	
CAUSE OF DEATH	21E. INJURY OCCURR		LUIDY OCCUP?	
INJURY	HILE AT NOT WHILE		DORY OCCURY	
22. I hereby certify that I attended the	deceased from		0	_, that I last saw th
declased afive on 8-3, 1952,	and that death occur	rred at 750 Pm., fr	om the causes and on t	he date stated above
23) SIGNATURE IN G	м. р. (С	4 n heuri	as the spiral	20C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	4c. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town	or county) (State)
BURIAL AUG 6, 1952	SLATEV	25. FUNERAL DIRECT	TORK CO.	ADDRESS
LOCAL REGISTRAP	N'N.	- Cano	to Halleins	Delta K
VS 150	Villadia M			
	270	434		

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N-981,3

ACIMOVICK BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 10 HOSPITAL OR location) (If outside corporate limits write HUKAL and give C. CITY OR TOWN INSTITUTION township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Daya Hours: Min. 5/05/2 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? WITRIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 420,0 and CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H HEAT STROKE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 195 to_ 22. I hereby certify that I attended the deceased from 2/2 3 , 19 d, that I last saw the deceased alive on _______, 19 _____ and that death occurred at ______ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAD DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

NOT A MEDICAL EXAMINER'S CASE

Willia World M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

2 AB-160085 BIRTH NO.

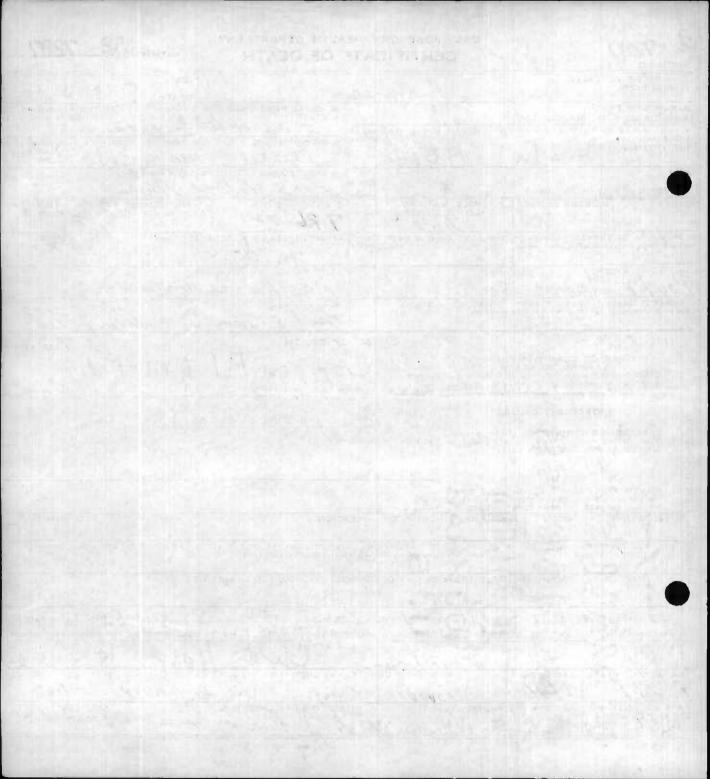
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	MOOR	
Registered No.	1236	

BIRT	H NO.		CERTIFICATI	E OF DEATH	registered 1	
1. NA (Type	ME OF DECEASED or Print)	Ona Ma	Parrish		OF DEATH 8-2-	1952
A. Ba	ace of DEATH: ltimore City, Mary	and	ion, give street address or	4. USUAL RESIDENCE (W. A. STATE Maryland	here deceased lived. If в. COUNTY	institution: residence before admission)
HOSP	TUTION Baltim	ore City Hos			outside corporate limit	s, white NURAL and give township)
Q	ngth of stay in Balt		Yrs. Mos.	730 E. Bid		2
5. SE		R RACE 7. SINGLE WIDOW	Days E. MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	The Z If Under 1 Year If Under 24 Hours on this Days Hours Min.
10A. U	USUAL OCCUPATION (eduring most of working life, ev	Give kind of 10B. KIND on Ifretired)	of Business or INDUSTRY	March 20-1902 11. BIRTHPLACE (State or for North Caroline	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. F/	ATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
		lliam Buckner		Laura Rector	•	
15. W (Yes, no	AS DECEASED EVER IN U or unknown) (If yes, give	S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMBAItimore Records: 4940 East	City Hospit	DDRESS
CERTIFICATION	(This does not mean the heart failure, asthenia, conjury or complication ANTECEDE! DISEASES OR CONDINISE TO THE ABOVE CAUNDERLYING CONDINISE TO THE ABOVE CAUNDERLYING TO THE SIGNIFICANT TRIBUTING TO THE DESASE OR COTTE	which caused death NT CAUSES TIONS, IF ANY, GIVIN LUSE (A) STATING TH TION LAST. I CONDITIONS CON NITH, BUT NOT RELATE	(B)	ral vascular accid		
19	A. DATE OF OPERATION	ON 198. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
	1A. ACCIDENT WAS U YING OR CONTRIBU AUSE OF DEATH	NDER- 21B. PLA about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City,	give exact location)
0	D. TIME (Month) (Da INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJURY	OCCUR?	
de	2. I hereby certify the eccased alive on 8-2. BA. SIGNATURE	nat I attended the	deceased from 6-2 and that death occur	14- , 19 52, to 8- red at 12.40AM, from th 38. ADDRESS 4940 Eastern Ave	ne causes and on t	23c. DATE SIGNED
Bu	RECEIVED BY REC	194,1952	Balum	RY OR CREMATORY 24D. LC	Mary Law Mary Law Add Joo E.	or county) (State)

Ball matter office ALEXANDER DE LA CONTRACTOR DE LA CONTRAC Louis by Farmer and maken orphic and the No.

670			
2) 7297 BALTIMORE CITY HEALTH DEPARTMENT 52 7297			
BIRTH NO. 12 -20 558 CERTIFICATE OF DEATH Registered No. 7297			
1. NAME OF DECEASED OCH AME	2. DATE OF DEATH 8-3.5 L		
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location			
INSTITUTION CUTA HOID	township)		
Yrs.	o. STREET ADDRESS (If rural, give location)		
ength of stay in Baltimore	5-103 Holoer Ave		
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years Il Under I Yess Il Under 24 Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
PAULF-JAMES SR.	MARTHA HIN JAMES		
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17 NFORMANT ADDRESS 3703		
	OF DEATH		
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH ongenital heart dis		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-			
II (C)			
OTHER SIGNIFICANT CONDITIONS CON-			
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?		
	YES NO		
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.			
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from	2-25, 195 10 8-3, 195, What I last saw the		
deceased alive on \$ - 3 , 19 . and that death occu	rred at 3: DAn., from the causes and on the date stated above.		
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED		
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
BURIAL (Specify) 8/4/5- PROVIDENT	Cem. Lock RAVEN M.D		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUMERAL DIRECTOR SOLD SOLD HELDS SOLD		
VS 150			
VS 130	7295		

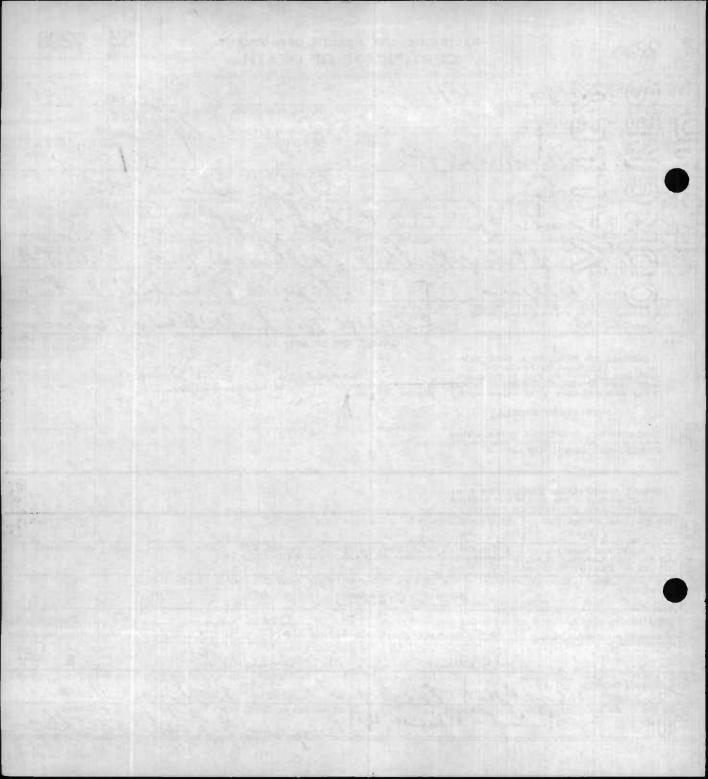


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

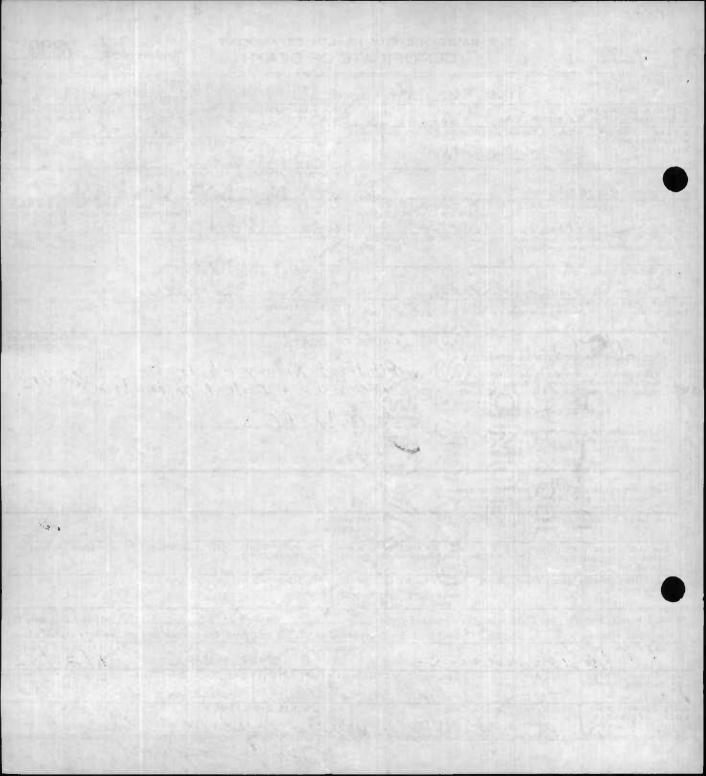
52 7298 Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) WALTER C. Allew		ATH LUG. Y. 195 X
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	cased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)	c. CITY OF OWN (If outside of	corporate limits, write RURAL and give
28/6 Lloodwood Ted.	o. STREET ADDRESS (If raral, gir	4100
c. Length of stay in Baltimore Mos. Days	2816 Goodwa	
Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCES (Specify)	Sept. 4 1875 last	birthday) Months: Days Hours Min.
10A, USUAL OCCUPATION (GivekInder 10B. KIND OF BUSINESS OR Working life, even if refired 10B. KIND OF BUSINESS OR NEUSTRY	Ballimore W	12. CITIZEN OF WHAT COUNTRY
Tohn aller	Trances and Ann	e Webster
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, ne or Inknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT Call	28/6 Ladway
18. / 55 X CAUSE C	OF DEATH	INTERVAL BET TO NO DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Local and	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1 1 100	
ANTECEDENT CAUSES	who was a so	n, etc.
Z DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	ATION	20. AUTOPSY?
5 1552 Con almost	ATTON	YES NO M
ZIA. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et		timore City, give exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	21F. HOW DID INJURY OCCU	R?
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from	30 , 195 Y, to leug. 2	
	red atd:304.m., from the caus	es and on the date stated above. 23c. DATE SIGNED
So Heury Hasse M.D.	4218 Hand Kd	AUG \$ 1952.
TION REMOVAL (Sporty) Lung 4 1157 Zung Grenner	RY OR GREMATORY 1240, LOCATIO	more ma.
AUG 4 1952 REGISTRAR'S SIGNATURE AUG 4 1952	ROMAND : Xu	el 5305 the
VS 150	11 7 2. 9/6	*2



1	112			
5	0 5000	TE OF DEATH Registered No.	7299	
(NAME OF DECEASED Type or Print) Northa Kase	Was 2. DATE OF DEATH OUR	1,1952	
1	Baltimore City, Maryland 3 North Co. FULL NAME OF (If not in hospital or institution, give street address)	4. USUAL RESIDENCE (Where deceased lived. If that A. STATE B. COUNTY	itution: residence / before admission)	
1 1	INDUCTION JOHNS HOPKINS HOSPITAL		rite RURAL and give township)	
	Yrs. Mos.		215	
2000	. Length of stay in Baltimore Day: SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Specific	8. DATE OF BIRTH 9. AGE (In years) If Unde	1 Year If Under 24 Hours	
1	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	June 22,1896 56	CITIZEN OF	
WC	rk done during most of working life, even if retired) 1NDUSTR		WHAT COUNTRY?	
	3. FATHER'S NAME Villpotrick	14. MOTHER'S MAIDEN MAME		
d	5. WAS DECEASED EVER IN U. S. ARMAD FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL	RESS	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	eval Kidney obstruction Feral Ridney obstruction FCX IC 3	INTERVAL BETWEEN ONSET AND DEATH	
CERTIE	TRIBUTING TO THE DEATH, BUT NOT RELATED			
1	, 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
MEDICAL			exact location)	
-	D. TIME (Month) (Day) (Year) (Hour) INJURY D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	E		
	22. I hereby certify that I attended the deceased from 8-1 1952 to 8-1 , 1952 that I last saw the			
	deccased alive on 8-1, 19 3, and that death occur		3c, DATE SIGNED	
1	14A. BURIAL, CREMA- 10N, REMOVAL (Specify) 8-5-5 100 AREMOVAL (Specify) 100 AREMOVAL (Specify)	TERY OR CREMATORY 24D. JOCATION (City, town, or,	ounty) (State)	
F	OATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR ALL ALL ALL ALL ALL ALL ALL		DORESS	

VS 150



5	500 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.2	7300			
1.	NAME OF DECEASED VETTA GERSH COHEN 2. DATE OF DEATH 8-3	1-52			
	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If instit B. COUNTY)	ution : residence before admissi			
HC	FULL NAME OF (If not in hospital or institution, give street address or location) C. CITTOR TOWN (If outside corporate in its, vri	te RURAL and g			
U	45/6 Saurfax Joan Cultumore L Yrs. D. STREET ADDRESS (If rural, give location)	1			
C.	ngth of stay in Baltimore 40 Mos 3103 O ascley	re			
L	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE in years last kirthday) Months:	Days Hours M			
		CITIZEN OF WHAT COUNTS	RY7		
Tà	FATHER'S NAME Karkman 14. MOTHER'S MAIDEN NAME	,			
	was Deceased Ever In U. S. Armed Forces? a, no or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 18. INFORMANT SECURITY SECURITY NO. 18. INFORMANT SECURITY SECURITY NO. 18. INFORMANT SECURITY	ine			
		NTERVAL BETWEENSET AND DEA			
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	one he	in.		
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
٦	19a. DATE OF OPERATION (198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY			
EDICA					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK				
22. I hereby certify that I attended the deceased from 195, to 8 3 -, 195, that					
	deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive on 1952 and that death occurred at 15 m., from the causes and on the deceased alive of 1952 and 1952 a	c. DATE SIGN			
24	4A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETERY OR CREMATORY 240 OCATION (City, town, or co	ounty) (Sta	Je)		

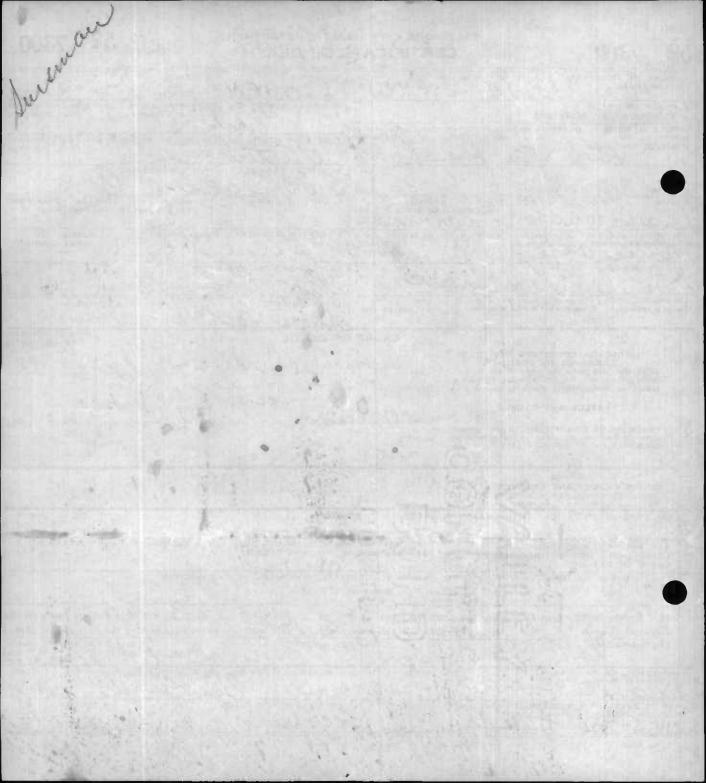
25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE
Huntington Williams

DATE RECEIVED BY LOCAL REGISTRAR AUG 4 - 1952

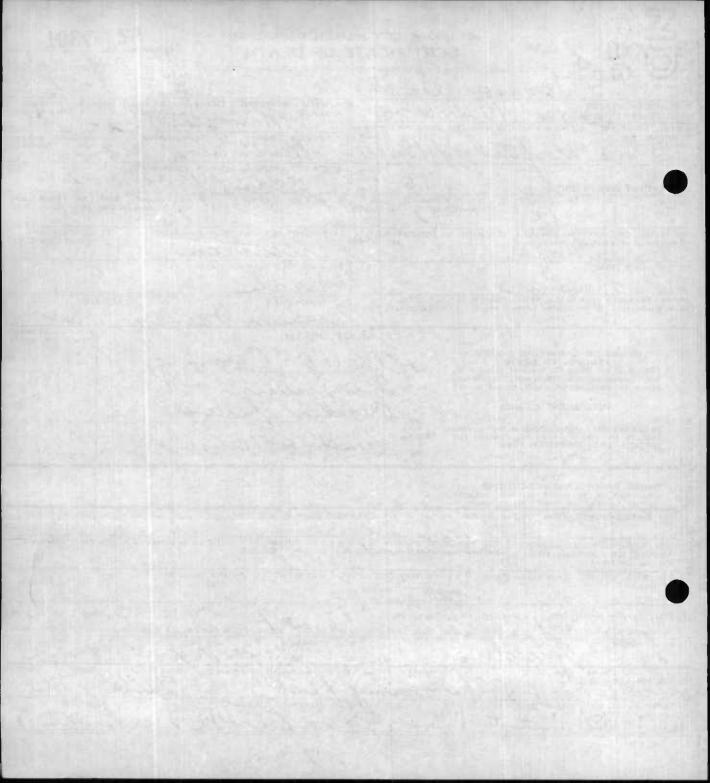
VS 150

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED-2. DATE (Type or Print) OF e148 annip DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : resident 3. PLACE OF DEATH: before admission) B. COUNTY A. Baltimore City, Maryland A. STATE my lave (If not in hospital or institution, give street address or B. FULL NAME OF Woutside corporate limits write RURAL and give HOSPITAL OR location C. CITY OF TOWN INSTITUTION township) Mono ADDRESS (If rural, give location) Yrs. D. STREET land 51 ngth of stay in Baltimore AGE (In years | | Under | Year | | Under 24 Homs | Lab birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED. BIRTH 9. AGE (In years) 6. COLOR OR RACE 5. SEX_ WIDOWED, BIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY vork dong foring most of working life, even if refired) House avrece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME our 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH and ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 F OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ы TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO L YES (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE m. WORK 22. I hereby certify that I attended the deceased from 195 that I last saw the , 195 2 and that death occurred at Joym., from the causes and on the date stated above. deceased alive on a 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE M. D. 240. LOCATION (1) ty, town, or county) 24C. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA ZAB. DATE REMOVAL (Specify) AODRESS DATE RECEIVED BY 5. FUNERAL DIRECTOR REGISTRAR'S

VS 150

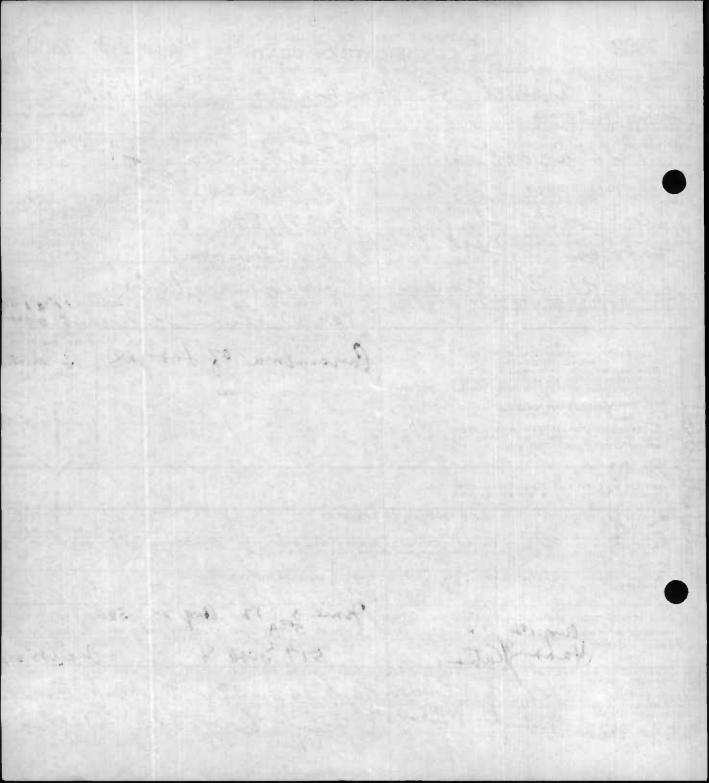


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BIRTH	H NO.	

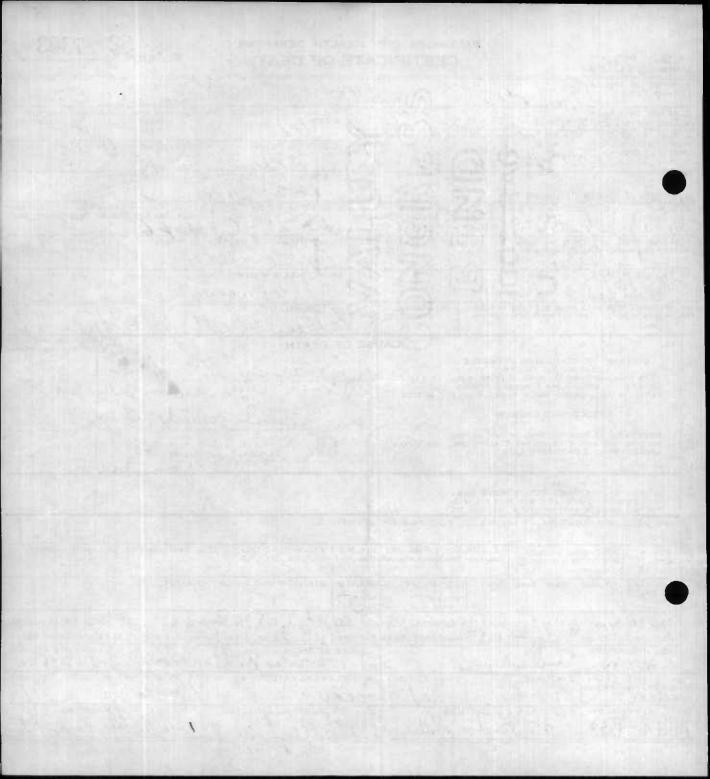
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7302

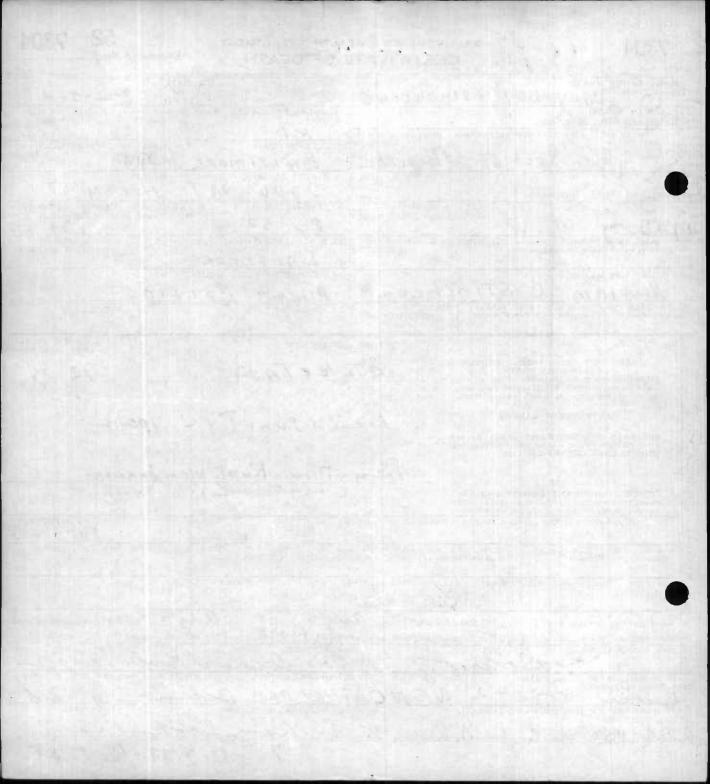
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	iel L. Ku	hn	2. DATE OF DEATH 8/2/52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital OR INSTITUTION)	al or institution, give street address or location)		outside corporate limits write R JIEL and give township)
congth of stay in Baltimore	Tile Yrs. Mos. Days	11111 8-	rurai, give location)
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WITOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years I Under I Year Hours Min.
IDA. USUAL OCCUPATION (Give kind of work done do no my the fracting); life, even if retired)	108. KIND OF BUSINESS OR	II. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY
. 13. FATHER'S NAME	Gerculars	14. MOTHER'S MAIDEN NA	THE WAY
Neorge 6.	Kuhn	Christina	Labor
15. WAS DECEASED WER IN U. S. ARMED (Yes, no or anknown)	FORCES? 16.SOCIAL SECURITY NO.	MA. 71) illin	ADDRESS / 14 16
18. 161×	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean	f dying, e.g., (A)	orsenona of	Jargax 5 month
injury or complication which es			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	(B) FANY, GIVING STATING THE DUE TO ST.		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	NOT RELATED		
19A. DATE OF OPERATION 19	9B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		f in Baltimore City, give exact location)
Z ID. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURF WHILE AT WORK AT WORK		OCCUR7
22. I hereby certify that I atte	ended the deceased from	hme 3, 19 5700 1	he chuses and on the date stated above
23A. SIGNATURE		317 Scott	8 239. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	37 London H	ERY OF CREMATORY 24D. L.	OCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S	ston Williams, My	25. FUNERAL DIRECTOR	an I la Solling
4UG 4 - 1952 vs 150	5 . 976	7300	117-50-



-630 BALTIMORE CITY HEALTH DEPARTMENT 52	7303
ENTIFICATE OF DEATH Registered No. 7303 CERTIFICATE OF DEATH	7000
1. NAME OF DECEASED (Type or Print) Currette Merrett 2. DATE OF DEATH 8,	152
3. PLACE OF DEATH: A. Baltimore City, Maryland Balta Mala A. STAFE B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give treet address or HOSPITAL OR INSTITUTION (If outside corporate limit)	write LURAL and give township)
Yrs. Mos. Days 621 Weller X	
5/SEX 6. CONOR OR RACE 7. SINGIE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Un	der 1 Year If Under 24 ours hs: Days Hours Min.
	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Welliams Moore Under Manual.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give war or dates of service) SECURITY NO. 20 Type War or dates of service)	worki St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING aboot home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)	e exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from april 195,40 lay 1, 195,	that I last saw th
deceased alive on the 28, 19 Cand that death occurred at from, from the causes and on the 234. SIGNATURE 23B. ADDRESS (222 N. Caroline)	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B DATE 246 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or Day of Charles)	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE . DISFUNER DIRECTOR 12/6 %. CHEST AUG 4 12/6 %. CHEST AUG 12/6 %.	olive St.
VS 150	



	7304 17835 BALTIMORE CITY IN CERTIFICATION	HEALTH DEPARTMENT 5 TE OF DEATH Registered No.	2 7304
	NAME OF DECEASED Type or Print) BABY BOY STINCH COMB	2. DATE OF DEATH	2-52
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before edmission)
1	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR locatio		tite RURAL and give
	NSTITUTION BON SECOURS HOSPITAL	BALTIMORE MD 1-	township)
	Yrs Mos Day in Baltimore Day	2201 MT Hall	y 57
100	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	18. DATE OF BIRTH 19. AGE (In years) If line	Year If Under 24 Hours B Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
		BALTIMORE	WHAT COUNTRY?
1	WILLIAM C. STINCH COMB	14. MOTHER'S MAIDEN NAME	
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		RESS
0	(If yes, give war or dates of service) SECURITY NO.	17. INI ORMANI	NESS
	18. 76 1 . 5 . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	TeleeTASIS	12' 2.4
	heart failure, asthenia, etc. It means the disease,	12128/2513	13 24
	injury or complication which caused death.) DUE TO		
Z	ANTECEDENT CAUSES	em A TuniTy - 1,000 g	
NO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
RTIFICA	P	To Punt was 1	
TIE	(c) / xe u	(maternal) - 24/4.	<u>s</u>
II II	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION	20. AUTOPSY?
N C	21a. ACCIDENT, SUICIDE. 21b. PLACE OF INJURY (e. g	, io or 21C. WHERE DID (If in Baltimore City, give	YES NO V
I C	HOMICIDE (Specify) about home, farm, factory, street, office bld		
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RED 21F, HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHI		
		aug 1, 1952, to aug 2, 1957	that I last saw the
	deceased alive on 1912, and that death occ	urred at 4: 30 h; from the causes and on the	date stated above. 23c. DATE SIGNED
	Breeze M.O.	Bon Leaurs Hoop.	8/2/52
1	4A. BURIAL, CREMA- 24B. DATE - 44C. NAME OF CEME	TERY OR CREMATORY 24b. LOCATION (City, town, or	(State)
-	ATE RECEIVED BY REGISTRAR'S SIGNATURE	125 FUNERAL DIRECTOR	DDRESS.
	OCAL REGISTRAR	2/:01: san Pak 1	
1	VS 150	of The state of	1 . 5
		1 12/2 St. Par	il ft.

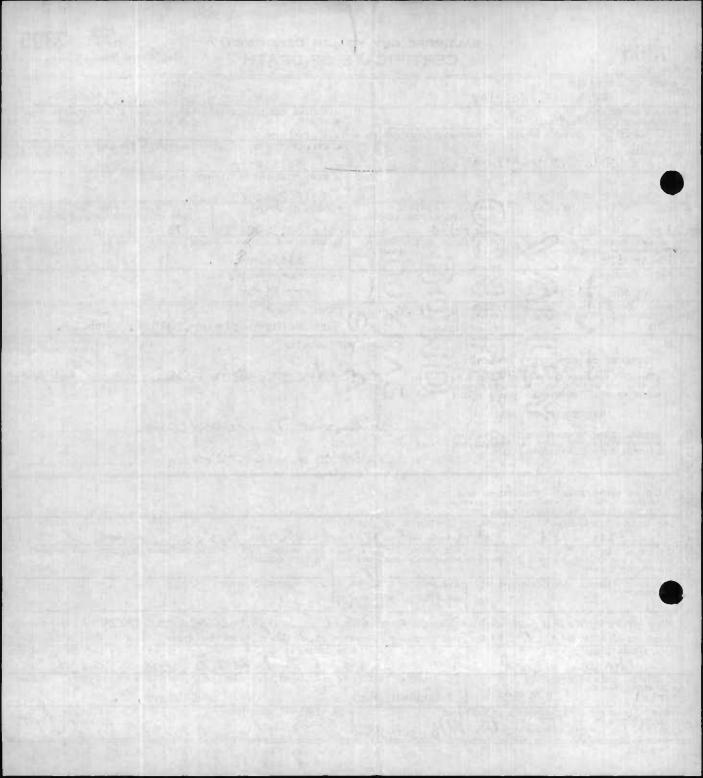


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BALTIMORE CITY HEALTH DEPARTMENT

52 7305

BI	7305 RTH NO.			CERTIFICATI	E OF DEATH	Registered	l No	
	NAME OF D	ECEASED				La DATE		
	ype or Print)	NELLIE E. Qu	igley	57	and the second	2. DATE OF DEATH AUG	.2,1952	
	PLACE OF DE Baltimore C				4. USUAL RESIDENCE A. STATE		If institution	: residence ore admission)
B. HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate an	nits, write Itu	RAL and give
		2015 E.30th S	treet		Baltimore		-00	township)
(Donath of si	tar in Raltimora		Yrs. Mos.	D. STREET ADDRESS			
	SEX SEX	tay in Baltimore		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year	If Under 24 Hours
ullerana.	010	White	20	/ED, DIVORCED (Specify)	June 30.1880	last birthday)	Months Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		of Business or	11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF
worl	Housewil	f working life, even if retired)	5-201	INDUSTRY	Baltimore,			T COUNTRY
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME		
		b Waltjen			Mary Kirby			
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(10	No	(x1 yes, Bive wat or date	or service)	SECURITY NO.	Mrs Howard Kr	ieger.2015 E.	30th S	t.
FICATION	heart failu Injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	ns the diseas auscd death ES FANY, GIVIN STATING TH	(B)	sonic Myor rter a sclere	adelia		4.7.500
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	±D				
MEDICAL (Cocta	ENT WAS UNDER-	du	FINDINGS OF OPER CE OF INJURY/(e.g., in farm, factory, street, office bldg., e	ation showing /	(If In Baltimore City	20. / YES	
	P. TIME ((Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJ	URY OCCUR?		
22. I hereby certify that I attended the deceased from Q 11, 1957, to due, >, 1957, the								
		live on and	, 19.		red at 12.01 m., from	m the causes and on		
	23A, SIGNAT		D		38. ADDRESS	ails Blok.	23c. DA	ATE SIGNED
24	A. BURIAL,	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	LOCATION (City, to	wn, or county	(State)
TIC	A. BURIAL, C ON REMOVAL (S Burial	8/5/5	2	Loudon Park		Baltimore, M		,
	ATE RECEIVE	RAR	SIGNATI	Valianse Mr.	25. EUKIERAL DIRECTO	net 1219 St	Tank	St

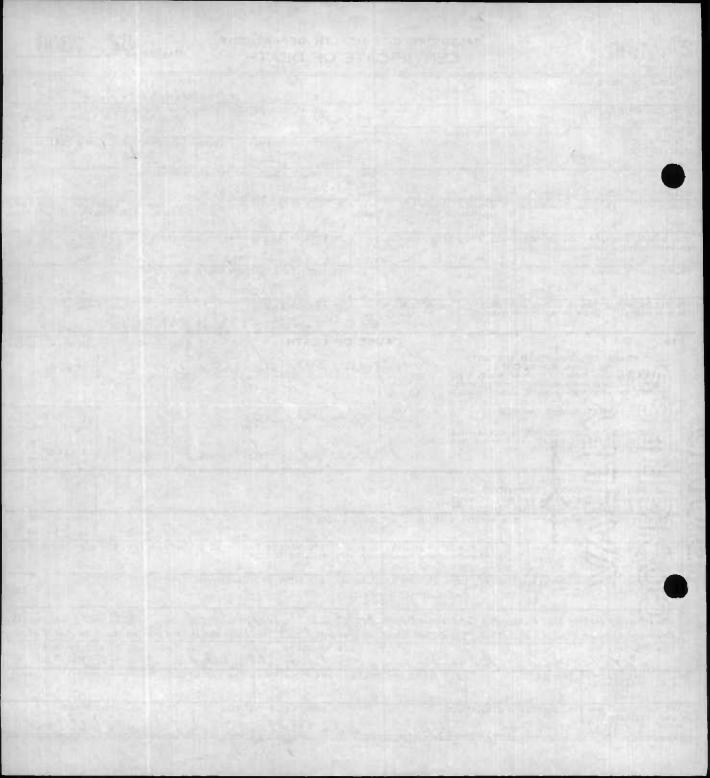


2 7305

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 7306

I. NAME OF DECEASED 2. DATE (Type or Print) DEATH Aug. 3, 1952 FREDERICK 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before adroissin) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits Baltimore 4728 Dunkirk Rd. D. STREET ADDRESS (If rural, give location) Yrs. 4728 Dunkirk Rd c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH 6. COLOR OR RACE July21, 1887 Divorced 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Rutcher Stapf - Meats Baltimore, Vd. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Thomas Briggs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 212-30-8909 4728 Dunkirk, Rd. Mrs. John S. Mills INTERVAL BETWEEN CAUSE OF DEATH 18. 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY . 1952 that I last saw the 22. I hereby certify that I attended the deceased from Oug 1951, to any 3 deceased alive on Quy 2, 1952 and that death occurred at 10 A m., from the Jauses and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR Burial 8/6 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 31, 1952 John McGray 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, waite RUPAL and give Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 317 E. 28th Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours Months Days Hours Min. WIDOWED, DIVORCED (Specify) Mala Abount-71888) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown Cab Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Records: B. C. H. 4940 Eastern Avenue 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Unknown LEADING TO DEATH Pneumonia (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cerebral vascular accident Unknown RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL NO X YES 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK and that death occurred at 9:454 9, to 22. I hereby certify that Jattended the deceased from deceased alive on 19 22, and that death 1952, that I last saw the m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue - M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Buriel DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR ner I Sous Inc.

THE TANK TO SERVE a moderate designation of the second fort from to Jewest Total and 520 BIRTH NO.8

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7308

BI	RTH NO.		CERTIFICA	TE OF DEATH	Registered	1110
1. (T	NAME OF DECEASE	SI. LLOYD	JONES		2. DATE OF DEATH	2-52
3. A.	Baltimore City, M:	AMION MEH	TORIAL HOSP.	4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution: residence before adminion)
H	OSPITAL OR		stitution, give street address location	c. CITY OR TOWN	(If outside corporate lin	nits, white RORAL and give township)
7			Yrs	D. STREET ADDRESS	(If rural, give location)	1/2
_	Length of stay in I		Mos Day		ling lake	WAY
	MU	/ w	NGLE, MARRIED, IDOWED DIVORCED (Speci	3-25-94	58	Months Days Hours Min.
Worl	A. USUAL OCCUPATION of working lines of working lines of working lines of working lines of the l	fe, even if retired)	KIND OF BUSINESS OR INDUSTI	MEM J	ERSEY	12. CITIZEN OF WHAT COUNTRY? U-SA
13	KART NAME	E JAN	EC	SARAH	COLEHOV	IEP
15 (Ye	. WAS DECEASED EVER	N U, S. ARMED FORC	ES7 16. SOCIAL SECURITY NO	17. INFORMANT	Cacemor	ADDRESS
(-	No		? SECONITI NO	MRS. VIRGINIA W. J.	ONES. AS A	BOVE
	(This does not mes heart failure, asther injury or complica	I ON TO DEATH In the mode of dyin; ita, etc. It means the tition which caused EDENT CAUSES	g, e.g., (A) Hast disease, death.) DUE TO	iv-bitestina Ticuloris of		INTERVAL BETWEEN ONSET AND DEATH
FICATION		NDITIONS, IF ANY, E CAUSE (A) STATH NDITION LAST.	GIVING			
CERTIF	TRIBUTING TO THE	ANT CONDITIONS DEATH, BUT NOT R OR CONDITION CAUS	ELATED			
7	19A DATE OF OPER	ATION 198. M	JOB FINDINGS OF OP	ERATION OLN G.		20. AUTOPSY?
EDICAL	21A. ACCIDENT WALLYING OR CONTR	TO OTTO LITTE OF THE PARTY OF T	B. PLACE OF INJURY (e. 1 home, farm, factory, street, office bld	, in or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
Σ	ID. TIME (Month)	(Day) (Year) (Hour) 21E. INJURY OCCUI	LE	URY OCCUR?	
		y that I attended	the deceased from 7	- 27 , 1957to		J., that I last saw the
	deceased alive on 23A SIGNATURE	S. freen	and that death occ	aurred at 3:01 Pm., from 23B. ADDRESS	mil Hosp.	23c. DATE SIGNED
71	4A. BURIAL, CRE A- ON, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEME	0	LOCATION (City, to	wn, or county) (State)
D.	ATE RECEIVED BY CAL REGISTS 52	REGISTRAR'S SIG	LOLRAINE NATURE	25. FUNERAL DIRECTO	OR Arms And	ADDRESS Md.
	VS 150		350	50113	0.0	

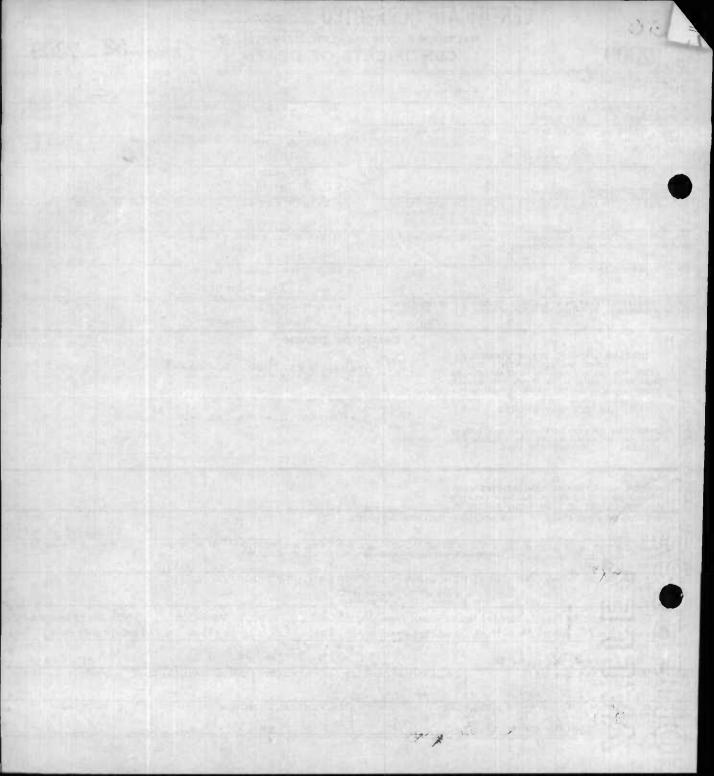
12-1-9 Facilities and Total distall the said person CITE BASKITUS ST Ins Rainet Barach

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CERTIFICATE CORRECTED 8-29-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

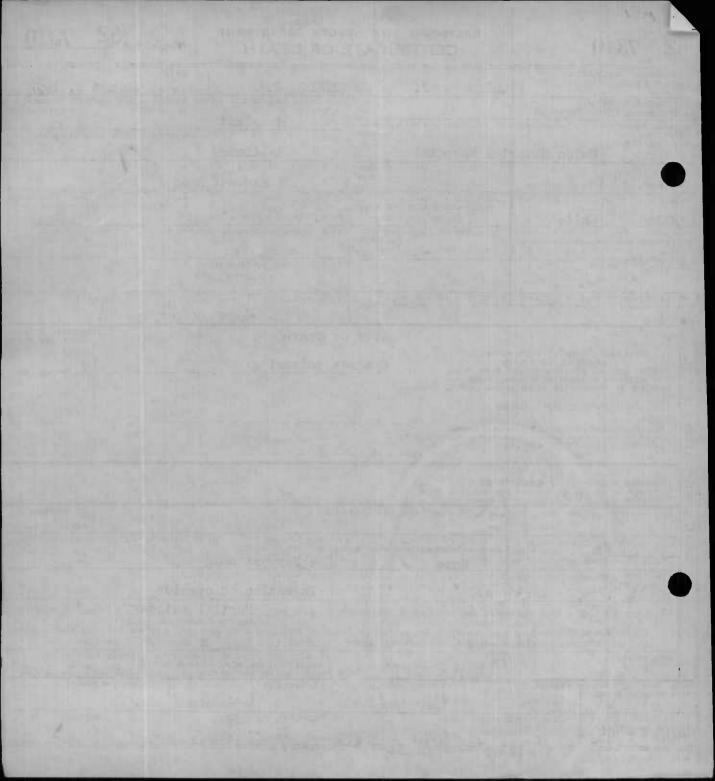
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) JANST B. GASCO	ENYC		2. DATE OF DEATH AU	lst, g2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W				
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION	, give street address or location)		outside corporate lin	its, write RURAL and give		
2 Harvest Rd.		Baltimo re				
ength of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If 2 Harvest Rd.				
5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWED	D, DIVORCED (Specify)	B. DATE OF BIRTH Feb. 10, 1888	9. AGE (in years last hirthday)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	31. BIRTHPLACE (State or for Baltimore, Md.	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	0 107.54		
Wm. Reed Barnes		Lillian Peat				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No	None	Mr. Eugene Schar	f 2 Harvest	t Rd.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,		bro Vascular Aco	cident	INTERVAL BETWEEN ONSET AND DEATH		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO	2 (1				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	(B) Hyper	lasin Cardwa	xular Vise	ase years.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
19a, DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?		
LYING OR CONTRIBUTING about home, farm	E OF INJURY (e. g., in Lactory, street, office bldg., e	2 or 21C. WHERE DID (I	f in Baltimore City	, give exact location)		
210. TIME (Month) (Day) (Year) (Hour) 21s	INJURY WHILE AT NOT WHILE					
22. I hereby certify that I attended the de	ceased from Gov	1 20 152 to Go	nil 26 193	32, that I last saw the		
deceased alive on Opril 26 1952 an	d that death occur	red at 11:45 P. m., from th	he causes and on			
23A. SIGNATURE	2	3B. ADDRESS		Ave 3. 1452		
	M. O. /	RY OR CREMATORY 240. LC	OCATION (City, tow	yn, or county) (State)		
	Lorraine Cem	Vo	odlawn. Md.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR) 7 /	ADDRESS Rell 24		
VS 150	3-3	um Josephin	long some.	see mi.		



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52	7310	
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

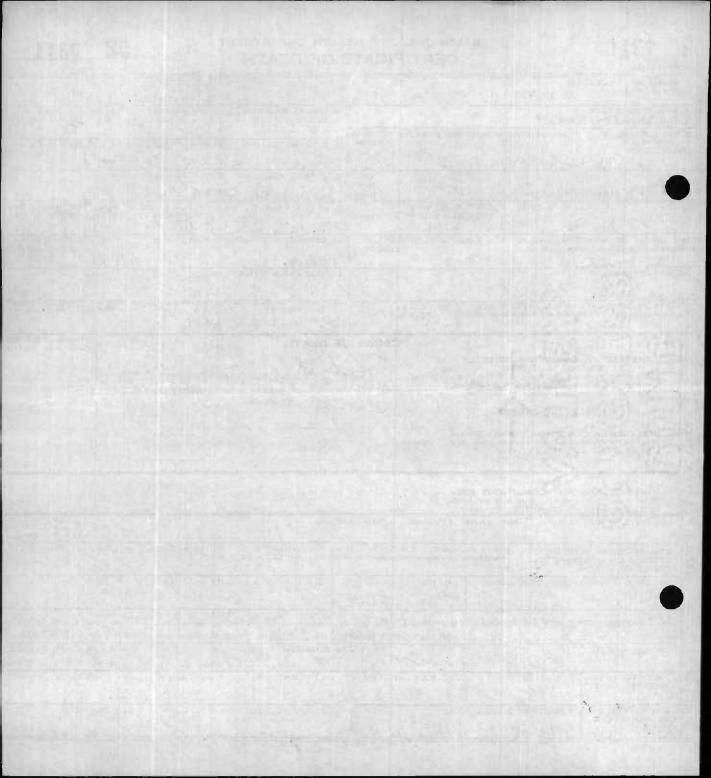
BII	TH NO.									
	NAME OF Dope or Print)		LLIAM	J.	GAS	COYNE	JR.	2. DATE OF DEATH	August	2, 1952
Α.		City, Maryland				A. STATE		Where deceased li 8. COUN	ved, If institu TY	before admission)
	SPITAL OR	OF (If not in hospit	al or institut	tion, give street	address or location)	c. CITY	Maryland	f outside corporat	e fimi's, write	RURAL and give
	STITUTION	Union Memor	etal Ho	enital		0.0111	Baltimor			township)
		OHION Memor	Tar 110	apr our	Yrs.	D. STREE	ET ADDRESS (I		ion) r	
G	Length of s	stay in Baltimore			Mos. Days		2 Harves			
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	ED (Specify)	8. DATE	OF BIRTH	9. AGE (In ye	ars H Under 1	Year II Under 24 Hours Days Hours : Min.
	Male	White		lowed	LD (Spoon)	Jan. 4	1887	65		
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINE	SS OR	11. BIRT	HPLACE (State or	foreign country)		ITIZEN OF
WOLE		Chemisty		sts-Anal		Rich	mond, Va.			SA
13	. FATHER'S	NAME					HER'S MAIDEN	VAME		
		Vm. J. Gasc	oyne S	Sr.			Lucilla	Clary		
	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	ITY NO.	17. INFO	RMANT		ADDRE	ss
(100	NO OF GRADOWIII	(10) 551, 8110 11111		?		Bugene	A. Schar:	. 2 Harve	st Rd.	
	18. F.g.	71 ×			CAUSE	OF DEA	TH	1-2-		NTERVAL BETWEEN
	for 1	SE OR CONDITION	DIRECTLY						· ·	NSEI AND DEATH
		LEADING TO DEA	TH		Cyani	de poi	soning			
	heart fail	ure, asthenia, etc. It me.	ans the disea	se,						
	mjury or			,						
		ANTECEDENT CAU	SES	(B)						
Z		S OR CONDITIONS,		NG						
Ĕ		YING CONDITION L		(6)						
RTIFICATION				(0)						
4	OTHER :	II SIGNIFICANT COND	ITIONS CO	N-						
ERI	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED						
C				FINDINGS	OF OPER	ATION				20. AUTOPSY'?
		7		3012						YES X NO
DICAL	21A. EXTER	NAL CAUSE WAS	218. PL	ACE OF INJU			WHERE DID RY OCCUR?	(If in Baltimore	City, give ex	xact location)
EDI	UTING []	CAUSE OF DEATH		one			Harvest Ro	ad		
F		(Month) (Day) (Year		21E. INJURY			ULNI DID WOH	RY OCCUR?		
	ugust 2	2, 1952 12:3	0 A em.	WHILE AT WORK	NOT WHILE	x In	gestion of	cyanide		
	22. 1 cert:	ify that I took cha		remains de	scribed a	bove, her	ld an Part	ial Autops	sy the	ereon and from
		vidence obtained by								u stated above.
	and d	eath in my opinion	resulted	from: natur	ral causes	3 , acci	dent , suicia	e 📉, homicide	, undet	erminea
	23A. SIGNA		1//			238.	CHIEF MEDICAL	EXAMINER	23c. DA	TE SIGNED
	4	Villian	Usou	78/		.D. MED	STANT MEDICAL ICAL INVESTIGA	ATOR	August	2. 1952
24 TI	AA. BURIÁL.	CREMA- 24B. DATE		24c. NAME O	F CEMETE	RY OR CRI		LOCATION (City		inty) (State)
	Burial	8/4/52	2	Lorrai	ne Cem			odlawn, Md		
D	ATE RECEIVE	D BY REGISTRAR	'S SIGNAT	URE		25. FUNI	ERAL DIRECTOR		ADD	DRESS
7	NUG 4	1952	4: J-	With	0 0	Am A	Jackner 6	Jones Inc	Bells	ma
V	S 151 A/	and Hun	lington	Willian	W. W.	-			THE	
	/V	779X	0	•	00	182				



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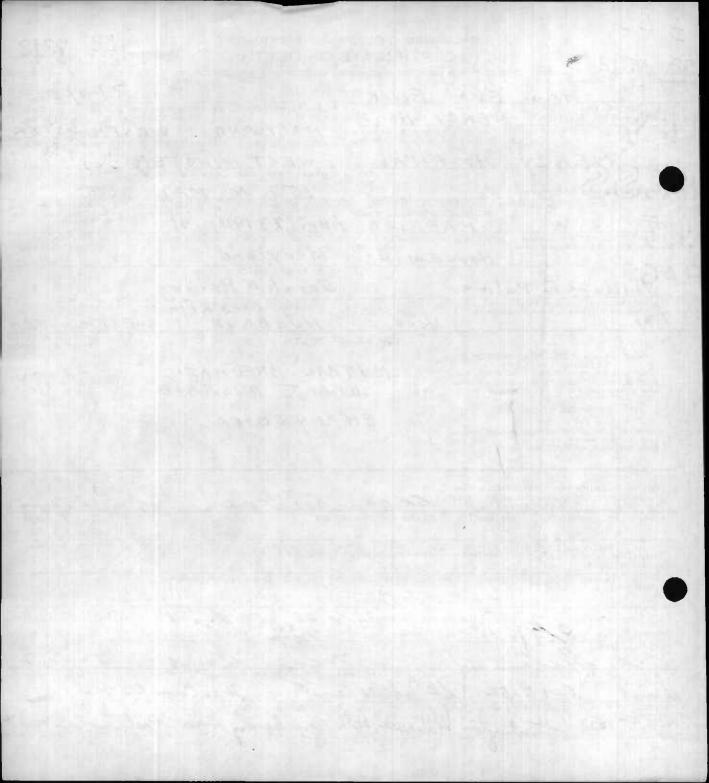
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRT	H NO.							
	ME OF DE	BLANCHE	N. H	OWARD			DATE OF DEATHAUG.	1, 1952
A. Ba		ity, Maryland	-1 :4:44		4. USUAL RESIDE			institution: resistence before admission)
HOSE	LL NAME OF	OF (II not in nospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outsi	de corp (fate)limit	s, Frite Y.L. KAL and give
13.0		ll Loch Rav	en Roa		1	Baltimo:		township)
				Yrs. Mos.	D. STREET ADDRE			
5. SE		ay in Baltimore 6. COLOR OR RACE	7 SINGLE	Days Days	8. DATE OF BIRTH	Raven		If Under 1 Year If Under 24 Hours
F		W	Mar	ried (Specify)	Oct. 13, 1	883	last birthday) Mo	onths Days Hours Min.
10A. I	USUAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	OUSEWC		at ho	ome	Penna.			USA
					14. MOTHER'S MA		nad ale	
15. W	James AS DECEASE	E. Stracha	FORCES?	16. SOCIAL	17. INFORMANT		rsick I Loch k	ASSISTED OF THE STATE OF THE ST
(Yes, no	or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	Mr. Walter			ODRESS INC. 10
CERTIFICATION	DISEASE (This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SITRIBUTING	E OR CONDITION LEADING TO DEAT not mean the mode of the complication which complication with the complication which complication with the complication wi	TIONS CONNOT RELATE	(B)	bush hem tension al dise		with herito	ONSET AND DEATH
1 18	9A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
III C		ENT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., is arm, factory, street, office bldg., e			Baltimore City,	give exact location)
Σ -2	ID. TIME (I	Month) (Day) (Year)	2	21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OC	CUR7	
d	2. I hereby eceased ali 3A. SIGNAT	ive on July 31	ended the	deceased from franching and that death occur		. //		2, that I last saw the he date stated above.
24A. TION, DU	BURIAL, C REMOVAL (SI	REMA- 24B. DATE pecify) 8/4/52		Parkwood Ce			more, Md	
	RECEIVED AL REGISTE G 4 = 1		s signatu			ECTOR	ONS ING	Saude,
	VS 150	1 pointed	7 1	and the same	7.3-	0	my !	



CERTIFICATE OF DEATH Registered No. 7312

BIRTH NO.				1	
1. NAME OF DECEASED (Type or Print)		A FINK		2. DATE OF DEATH	3/3/52
3. PLACE OF DEATH: A. Baltimore City, Ma		CY HOSP	4. USUAL RESIDENCE (W	here deceased lived.	H institution presidence
B. FULL NAME OF (If HOSPITAL OR INSTITUTION		ution, give street address or location)		WES	TMINSTER nits, write RURAL and give
	RCY HO	SPITAL	WESTMI	NSTER	5641 township)
		Yrs. Mos.	D. STREET ADDRESS (If		
c. Length of stay in B 5. SEX 6. COLO	R OR RACE 7. SING	LE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
F	14/	OWED, DIVORCED (Specify)	April,23 1910	last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATIO work done during most of working life	N (Give kind of 10B. KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	710	002 00 17-6	14. MOTHER'S MAIDEN NA		
	E Palm	2	Sarah N Ha	1463	
	V U. S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT CHAS		ADDRESS V
No		None	HUSBAND	WE	STMINSTER
(This does not mean heart failure, asthenin in jury or complicat ANTECEI O DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CON	G TO DEATH in the mode of dying, ea, etc. It means the dise ion which caused des DENT CAUSES ADITIONS, IF ANY, GIV. CAUSE (A) STATING NDITION LAST.	ase, th.) DUE TO H	TRAL BHEUM EART OIS	EAGE	2/9/20
TRIBUTING TO THE	ANT CONDITIONS COEATH, BUT NOT RELATED CONDITION CAUSING	TEO PRO	hiectosi.	S	284-
19A. DATE OF OPERA	TION 198. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS LYING OR CONTR CAUSE OF DEATH	a alsorit.	LACE OF INJURY (e. g., ie, ferm, factory, street, office bldg.,	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City	yes No P
ID. TIME (Month)	(Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify	that Lattended th	e deceased from	1 28 , 193, to &	J , 19.	that I last saw the
deceased alive on	, 1953	and that death occur	rred at m., from t	he causes and on	the date stated above.
23A. SIGNATURE	2/	f. M. D.	Man - Af	6.	23C. DATE SIGNED
24A. BURIAL. CREMA- TION EMOVAL (Specify)	24B. DATE Rug 7-52	St Johns	RY OR CREMATORY 24D. L.	etinmelia	(State)
DATE RECEIVED BY LOSAL GENERAL TOTAL	REDISTRAR'S SIGNA	Williams M	25. FUNERAL DIRECTOR	Jour Hust	ADDRESS
VS 150	Juning	95	20117		



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BALTIMORE CITY HEALTH DEPARTMENT

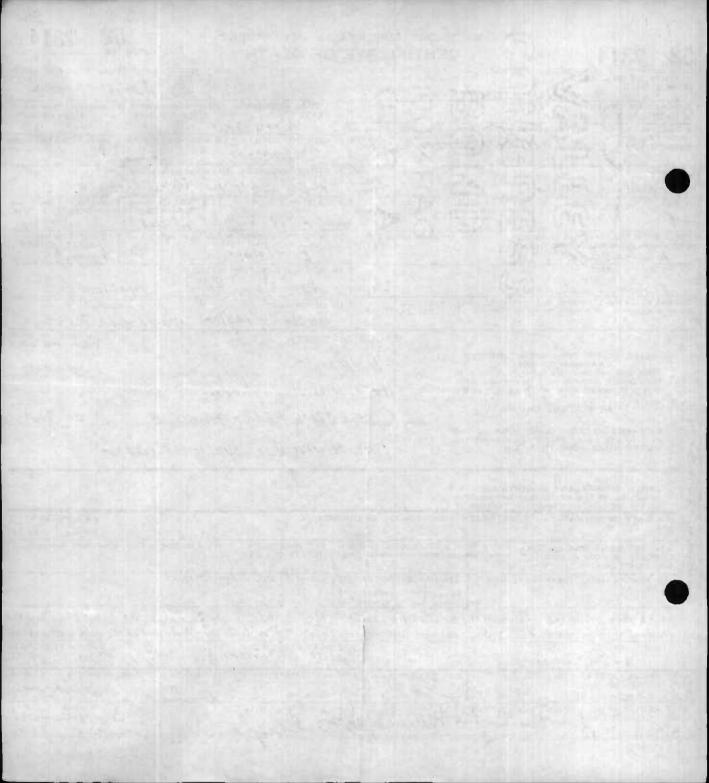
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В	IRTH NO.	E OF DEATH Registered No.
	NAME OF DECEASED	2. DATE
(T)	Type or Print) Omna Boadon	OF DEATH 8- 2-1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location	
	141 N. Drigh land are.	Baltimore (diviship)
r	Yrs.	D. STREET ADDRESS (If rural, give location)
5	ength of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Veer If Under 24 Hours
	WIDOWED, DIVORCED (Specify	11- 29-1889 last birthday) Months Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
-	didone during most of working life, even if retired) INDUSTRY	Poland U.S. A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I.V	5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT
-	No	Kase Datnertel (Same)
	1 7/2/	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	natic Condenvascula: Stewn mars/12
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	- 2
Z	(B)	enci Raynardelli lay 17/52
DIE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	9.1
ICA	(c)	greated lastin July 1953
RTIF	11	
CER	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ent .
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
CAI	non roul	YES NO
IEDICA	21A. ACCIDENT WAS UNDER- LYING CONTRIBUTING about home furm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	
	m. WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from.	Lean 17, \$57 to Oreg 2, 1957, that I last saw the
	deccased alive on Gree 1, 195 & and that death occu	
	Silla k	23B. ADDRESS 23C. DATE SIGNED
2.	4A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
I	Surval 8-5-1952 St. Sta	nis laus Dun dack Ove hid
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
	AUG 4-1952 Huntington W.Hirus A	Thurst Thurs the Hudson St.
	VS 150	Lin word are

-2	.46	
52.	7314	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

_							
	NAME OF D ype or Print)	Mary 1	Ziegle			2. DATE OF AUGUST	13, 1952
	PLACE OF D Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If ins B. COUNTY	titution: residence before admission)
				on, give street address or	Marylana	A R	
H	OSPITAL OR	South Baltin	nore Ga	neral Hospital	C. CITY OR TOWN (IF	outside corporale limit	vrite RURAL and give
				Yrs. V	o. STREET ADDRESS (If r	rural, give location)	
6	ength of s	tay in Baltimore	67	Mos. Days	1504 Latrob		206
5.	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Um	der I Year If Under 24 Hours hs: Days Hours Min.
	F	W	WIDOW	ED, DIVORCED (Specily)	June 2, 1885	67 urs.	is Days Hours Min.
IC	A. USUAL OC	CUPATION (Give kind of pf working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	2. CITIZEN OF
- CON		-cicefe		INDUSTRY	Baltimore	4	merréa
13	B. FATHER'S				14. MOTHER'S MAIDEN NA	ME	71767.600
	William	Sullivan			Ann MeGuire	7-17-	m od
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	Irela	DESS
Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Gordon Ziegle	ADD ADD	KESS TO T
	1 .1 /	1		V		r 1504 Latrok	or fark forrow
	18. 44:	5X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION		110	F1111		
		not mean the mode of	of dying, e. g		EM/A	······	23 days
		re, asthenia, etc. It mea complication which c		DUE TO HUDE	tensive Cardiova	ceular discole	0
	DOMESTIC:	ANTECEDENT CAUS		1.4/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
7	MALE LAND	ANTECEDENT CAUS	63	CONG	ESTIVE HEART F	ALLIARE	24 day 3
ō		S OR CONDITIONS, I		G			
Ę	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO HYDO	tensive Cardiovas	inila belience	
Ü	In the state of			(C)/././/	removas	10014/4/36036	
_		11					
0.		GIGNIFICANT CONDE					10-11-12-13
D M		ISEASE OR CONDITION					
1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y.		0					YES NO
EDIC		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., is arm, factory, atreet, office bldg., e		f in Baltimore City, give	e exact location)
2		(Month) (Day) (Year)	(Hour)	IE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	FINJURY		m. V	WHILE AT NOT WHILE			
	22. I hereh	w certify that I att	ended the	deceased from Jule	y 11 , 1952, to 4	ug. 3 1952	that I last saw the
	deceased a	live on aug. 2	1052	and that death occur	red at 2:10 Pm., from th	ne causes and on the	
	23A. SIGNA		, 10		3B. ADDRESS		23c. DATE SIGNED
	2	ruboniva	er.		Pouth Beltimore	gon. Hosp.	Meg. 9, 1952
2,	AA) BURIAL.	CREMA- 24B. DATE	/ 12	4C. NAME OF CEMETE	RY OR CREMATORY 246. LC	OCATION (City, town, or	eounty) (State)
K	Clevel	Decity Leves 4	-9.76	Haly O	raes (Letelie 9	Neghoog
	ATE RECEIVE		SSIGNATU	RE WH.	15. FUNERAL DIRECTOR	10 1 52	DDRESS CAMED
	AUG 4 -	1952	myron	· Municipal W	Olysudo)	No De	in and
	VS 150		0	756			



AB-161518 7315

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	I	R'	TH	N	Ο.	

1. NAME OF DECEASED (Type or Print)	Sadie Roane	2. DATI OF DEAT	8-1-1052
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF Alf pot in hospit HOSPITAL OR INSTITUTION 4940 Taster	al or institution, give street address or ity Hospitals location)	4. USUAL RESIDENCE (Where decea	ased lived. If institution: residence COUNTY before admission)
c. Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE	(In years Under Year It Under 24 Hems Irthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign coun Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albert R		14. MOTHER'S MAIDEN NAME LEGY Meriaith	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, never whitenown) (If yes, give war or dates	security No.	17. INFORMANTIMOTE City Records: 4940 Eastern	Hospitals
DISEASE OR CONDITION (This does not mean the mode or heart failure, asthenia, etc. It mean injury or complication which complication was a second complication with the complication which complication which complication which complication was a second complication with the complication which complication was a second complication with the complication with the complication was a second complication with the complication which complication with the complication which complication which complication with the complication which complication with the complication with the complication which complication which complication with the complication which complication with the complication with the complication which complication with the complicat	DIRECTLY TH f dying, e. g., ns the disease, aused death.) DUE TO ESS FANY, GIVING STATING THE DIE TO		t unknown
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
	98. MAJOR FINDINGS OF OPER		20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	a or 21c. WHERE DID (If in Baltin tto.) INJURY OCCUR?	more City, give exact location)
22. I hereby certify that I attendeceased alive on 23A. SIGNATURE	m. WHILE AT NOT WHILE AT WORK AT WORK ended the deceased from 7-2, 19 52, and that death occur		, 19_ 52 that I last saw the and on the date stated above.
24A. BURIAL, CREMA- LION, REMOVAL (Specify)	962 Slanding NA	RY OR CREMATORY 249 LOCATION	(City, town, or county) (State)

CHUILIAN and motors once TI AMERICA TO THE THE COURT 0 41- (3) al district the state of the st Cretizina di Indere Destre V AND IN THE REAL PROPERTY AND AND THE PARTY OF THE PARTY O

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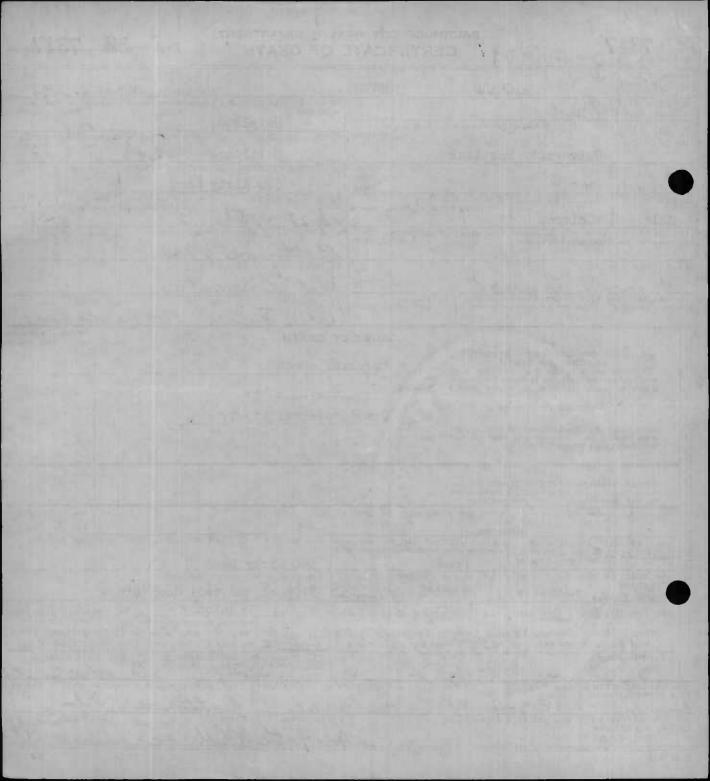
BALTIMORE CITY HEALTH DEPARTMENT

52 7316
Registered No.

BIRTH NO.	LOI BLATH
1. NAME OF DECEASED THE MA LEW	11.5 2. DATE OF AUG 2 - 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	c. CITY OR TOWN . (If outside corporate limits, write LUI AL and give
INSTITUTION OHNS HOPKINS HOSPITAL	Baltimore, 15 01 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	8. DATE OF BIRTH 19. AGE (In years) If Under 1 Year III Under 24 House
Semale Colored Married (Specify)	9-25-01 last birthday) Months Days Hours Min.
DA. USUAL OCCUPATION (Give kiod of OB. KIND OF BUSINESS OR Work dopeduring most of worklog life, eyeo if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bucal	T. 11. 4:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no og unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. /75 X . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	to liste mullmanages. 12.150
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	2/3/13 E
injury or complication which caused death.) DUE TO	iam.
ANTECEDENT CAUSES	rema, Oregen Popellary 8/2/53
DISEASES OR CONDITIONS, IF ANY, GIVING	den CA: Edvanced /
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
7/10/62 1 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING aboot home, farm, factory, street, office bidg., (c. g., ii)	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
	3/- 1952, to 8-2-, 1952, that I last saw the
	rred at 420 Am., from the causes and on the date stated above.
Robertammannh M. D.	JOHNS HOPKINS HOSPITAL 825
24A. BURIAU, CREMA- HON, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS 221
ALIGA - 1050 Hanton WHigus AND	Mus Katil R. Williams Schrody St
VS 150	

Te somble Mach 15 MIRUS COMPANY TO STATE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) RICHARD GOVENS DEATH August 2, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. COUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside con ate limiter w C. CITY OR TOWN RAL and give INSTITUTION township) University Hospital Baltimore Vrs. D. STREET ADDRESS (If rural, give ocation) Mos. 500 Kirby Lane ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | M Under I Year | M Under 24 Hours | Inst birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male Colored 10A. USUAL OCCUPATION (Givekind of) 108 KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) CAUSE OF DEATH ONSET AND DEATH DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral edema (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, XBOOKEK injury or complication which caused death.) ANTECEDENT CAUSES Craniocerebral injury RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. 218, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 500 Kirby Lane Home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT Slipped and fell down steps July 24. WORK 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... 23c. DATE SIGNED MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

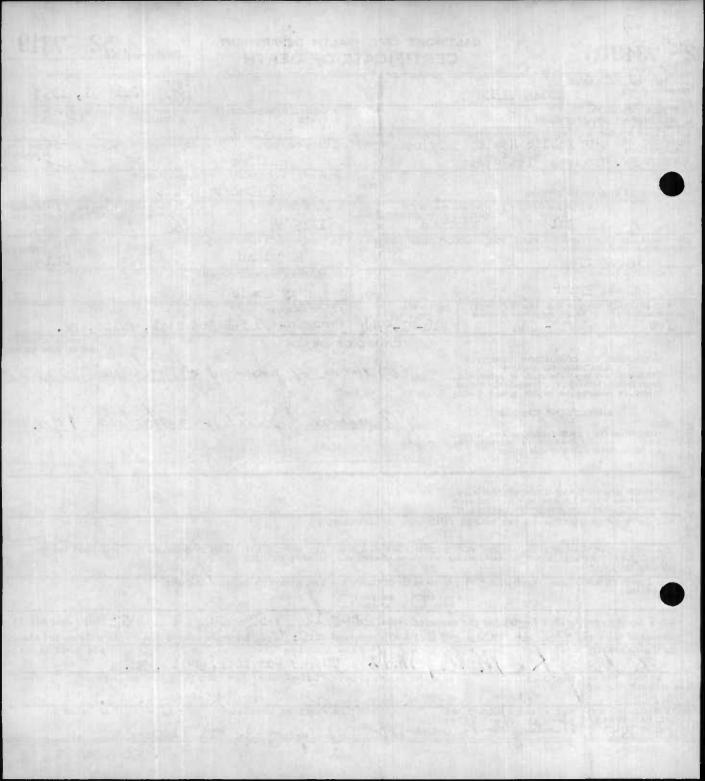
BIRTH NO.				
I. NAME OF DECEASED (Type or Print) John	B. Hatfield,		2. DATE. OF AND	2. 1052
3. PLACE OF DEATH: A. Baltimore City, Maryland		DEATH Aug. 2, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)		
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 3309 H	C. CITY OR TOWN (If outside corporate limits, write RULAL and give Baltimore,			
c. Sength of stay in Baltimore	20 years Yrs. Mos. Days		(If rural, give location) Hayward Ave.	
5. SEX 6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired) Owner & Trainor 13. FATHER'S NAME	108, KIND OF BUSINESS OR	Howard C	ate or foreign country)	U.S.A.
	rick Hatfield,	14. MOTHER'S MAII	orah Brown	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (11 yes, give war or date	D FORCES? 16. SOCIAL	17. INFORMANT	atfield, 3309 H	ADDRESS
injury or complication which of ANTECEDENT CAUSE DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAU	F ANY, GIVING STATING THE DUE TO AST. (C)			
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		PATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g., i	n or 21c. WHERE DII	O (If in Baltimore City	YES NO X
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR	?	
D. TIME (Month) (Day) (Year)) (Hour) 21E. INJURY OCCURR. WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I att deceased alive on Aug. 2	, 195 2 and that death occur		from the causes and on	
James 1.	Cams M.D.		nedral St.	asc. DATE SIGNED
24A. BURIAL, CREMA- TION REMOVAL (Specify) burial Aug. 5.	1952 Druid Rid		24b. LOCATION (City, town Pikesville, Balt	
	S SIGNATURE	25 FUNERAL DIRECTION	CTOR	ADDRESS rk Heights Ave.
VS 150	0. 0050	0,007	3 1-6	

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TANK DAY	200 and and 150 and 15	1 5 32 × 1 1 1 1	12 12 1	
	all verify		• •	

2 7319 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.					
I. NAME OF DECEASED (Type or Print) EDGAR	IYLER		2. DATE OF DEATH JU	ly 31, 1952	
HOST	al or institution, give street address or Health Service location) Dital Street	4. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If Baltimore	B. COUNTY	f institution: residence before admission) its, write RUIOAL and give township)	
c. Ongth of stay in Baltimore	Yrs. Mos. Pays	D. STREET ADDRESS (If a 717 Mosher			
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	1/15/84	9. AGE (in years last birthday) M	ff Under 1 Year ff Under 24 Hours If Ours Min.	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Laborer	IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Nathan Tyler		14. MOTHER'S MAIDEN NA	ME		
15. WAS DECEASED EVER IN U. S. ARMEI Yes, no or unknown) (If yes, give war or date YES WWI - USA	s of service) SECURITY NO.	Mary Bowie 17. INFORMANT Records- US PHS I		ADDRESS	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (B) (C) (C)					
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		ATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e		f in Baltimore City,	yes NO give exact location)	
INJURY (Month) (Day) (Year)	(Hour) 2 IE. INJURY OCCURRI while at not while work at work		OCCUR?		
22. I hereby certify that I att deceased alive on July 31 23A. SIGNATURE	, 19 52, and that death occur	ily 14 , 1952 to Incred at 10:20Ann., from the 3B. ADDRESS US PHS Hospital,	he eauses and on	23c. DATE SIGNED	
	SSIGNATURE	RY OR CREMATORY 24D. LC	OCATION (City, town		
VS 150	non Voltams My	Arlington 9. Pi	0 - 0	nroe St	



252 7320

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7320

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Flizabeth Urgukart	2. DATE OF DEATH 8-3-52
a. PLACE OF DEATH! A. Baltimore City, Maryland B. FULL NAME OF 'f not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OF INSTITUTION Johns Hopkins Hospital	
Mos.	6. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under I Year H Under 24 Hours Months; Days Hours; Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work dope during most of working life oven if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	Saltimore Md, WHAT COUNTRY!
William Elegular	Mary Massenburg 17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARGED ACES? (Yes, no or unknown) (If yes, give war or dates service) SECURITY NO.	Mary Uranhart ADDRESS
	OF DEATH INTERVAL BETWEEN
heart lande, asthema, etc. It means the disease,	monary Tuberculosis
anjury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
U II	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY7
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. DOUBLE OF DEATH.	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY The state of th	
22. I certify that I took charge of the remains described a	Autorsy, Inspection or Inquiry
and death in my opinion resulted from: vatural causes	inquiry, find that said deceased died on the day stated above, \mathbf{x} , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE WONTEN	238. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA. 24B. DATE AC. NAME OF CEMETE TION REMOVAL (Specify) Aug. 6 1952 M. C.	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY RECEIVERS SIGNATURE LOCAL REGISTRAR Tuntunton Williams	25. FYRERAL DIRECTOR DODRESS Was Wall (1911)
vs AUG 4 - 1952 mingrow Valuation, My.	1 112971. Carrent

Estate Hagaret 2-6-5 A Magazi and and and a Theoney Intervetors 1.45 1.41 52-8-81

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7321

BIF	RTH NO.			CERTIFICATE	E OF DEATH	Registered 1	NO
1.	NAME OF D	ECEASED				2. DATE	
(Ту	pe or Print)	Marta	Mason	n Dorsey		OF	gust 1.1952
Marie Mason Dorsey			4. USUAL RESIDENCE (V				
A. Baltimore City, Maryland			A. STATE	B. COUNTY	before admission)		
	SPITAL OR	OF (if not in hospit	al or instituti	on, give street address or location)	Maryland C. CITY OR TOWN (If	outside cornovate kmil	s, write RURAL and give
INS	NOITUTITE						township)
_	936 N	. Eutaw St	reet		Baltimor		
P		Description of the last		Yrs. Mos.	D. STREET ADDRESS (If		
C		tay in Baltimore		25 yr Spays	936 N. Eutav		
5. 5	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		M Under 1 Year H Under 24 Hours on the Days Hours : Min.
	F	Negro	Mai	rried	数 5/10/94	58	
		CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	Domest.		Days	work	Washington, I	O.C.	WHAT COUNTRY?
13.	FATHER'S N	NAME			14. MOTHER'S MAIDEN N		
	Robert	t Mason			Toma Wasan		
15.		ED EVER IN U. S. ARMEI	FORCEST	I 16. SOCIAL	Lena Mason		
(Yes,	no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		DDRESS
-	No			214-14-3406	Edward Kent	347 W. Pres	ton St.
	18. 43	4.3		CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION			D l L	F10	1. 3
	(This does	not mean the mode of	of dying, e. g	(A)	1020001	Yes Bot	A
		re, asthenia, etc. It mea complication which o				_	
		ANTECEDENT CAUS	ee.	1	1 1	de 1	*
7		ANTECEDENT CAUS	DE3	(B)	al banda 6 too	60 disease	s the
ō		OR CONDITIONS, I		G		4	
F		HE ABOVE CAUSE (A)		E DUE TO	rdine obeco	200 (0)	100 140
FICATION				(c)		7.23	
		11					
CERTI		IGNIFICANT CONDI					
8		TO THE DEATH, BUT				<u></u>	
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>			in make				YES NO
EDICAL		ENT WAS UNDER-		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
	CAUSE OF	R CONTRIBUTING DEATH	stores source, in	as mit acone him contained making	Mook! Goodk!		
Σ -		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY			WHILE AT NOT WHILE			
			m.	WORK LAT WORK L		V /	D
		y certify that I att			-14 -, 1901, to		Rthat I last saw the
	deceased al		, 1907	and that death occur			he date stated above.
	23A. SIGNAT	TURE	195	1_	3B. ADDRESS	n sp	23C. DAPE SIGNED
	2000000	70) V M.	м. р.	14221.	OCATION (City, town	or county) (State)
	A. BURIAL, C N. REMOVAL (S	pecify		4C. NAME OF CEMETE			
	Bur:	ial 8/4/9	2	Mount Aubur	n Bal	timore, Ma	
DA	TE RECEIVE	D BY REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
	MIG 4-	- 193 MT unter	ston 1	ethous. My.	Charles R. La	w. 802 Madt	son Ave.
	VS 150		0		- 1 0		
	.0 .00		1 ()	5-2 0-1	8 8 A 3 1 2		
			4	12	0 071		

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Murchison OF DEATH C 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) (If outside comporate limits, write BORAL INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARR ED. WIDOWED, DIVORCED (Specify) AGE (In years BIRTH Il Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. ALL L 10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) NDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. 42-1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 00 TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES NO 218. PLACE OF INJURY (e.g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. ā UTING T CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an thercon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR... 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 1274 DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 151

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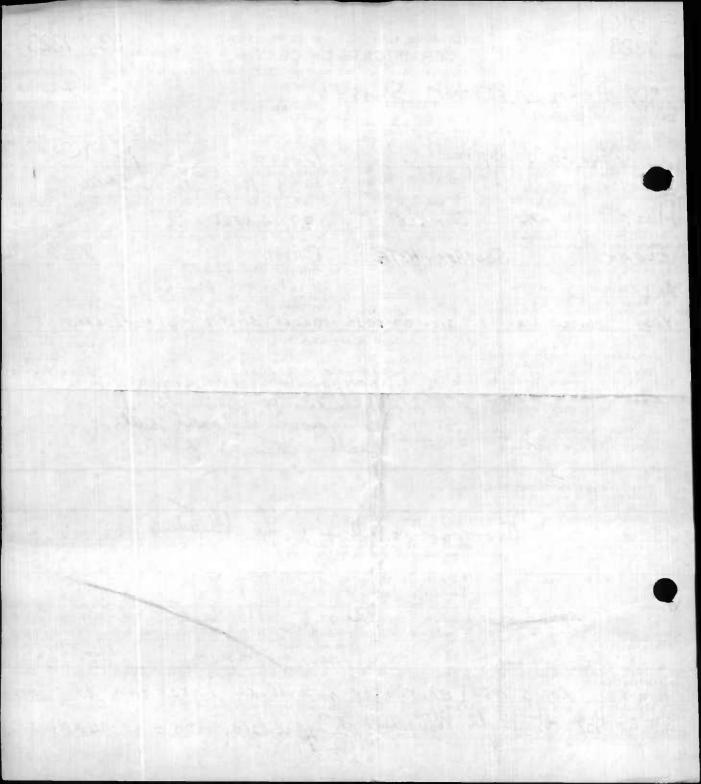
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH IRTH NO. NAME OF DECEASED 2. DATE Type or Print) ANTHONY OF ewry DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Baltimore City, Maryland A. STATE B. COUNTY 140, (If not in hospital or institution, give street address or 5 a FULL NAME OF OSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION township Yrs. o. STREET ADDRESS (If rural, give location) Mos. L Iderry Longth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years ff Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. -INGLE 6 JUNE 26 OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? CLERK. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Metze 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 465 MOLLEE SMITH 1931 MCELDERRY ST WORLD WAR 07-0050 INTERVAL BETWEEN 240.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL YES A 21c. WHERE DID (If in Baltimore City, give exact location) 218. FLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, ferm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from that I last saw the __ 1952 and that death occurred at deceased alive on due 2 Rm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24B, DATE 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY TION, REMOVAL (Specify) NATIONAL CEM MO BALTIMORE FREDERICK RD DATE RECEIVED BY ADDRESS DIRECTOR G 4 195 1800 E LOMBARD ST.

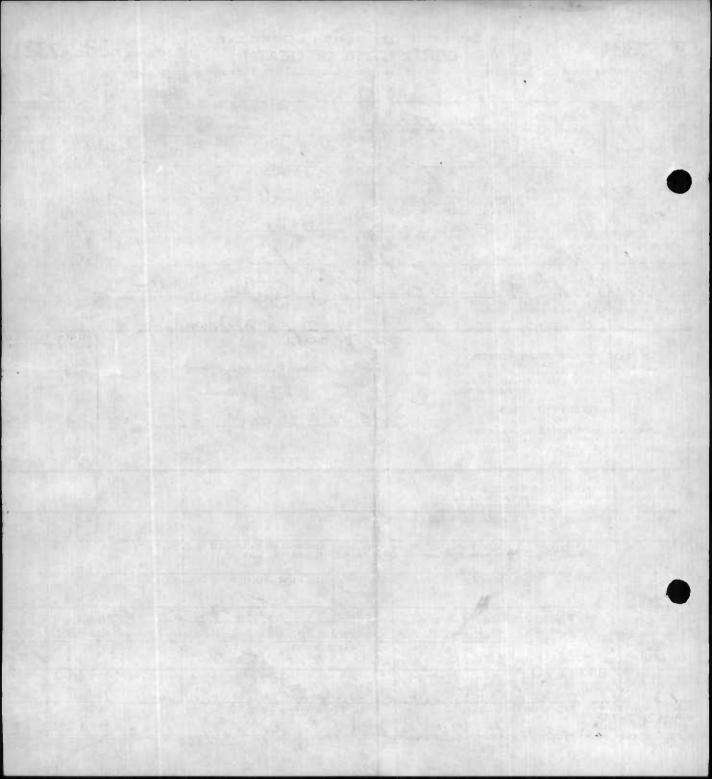


SIEBENHAAR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 52 7324

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location! (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos (lu ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH AGE (In years) II Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY arlen 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES wear 4 as RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш $\bar{0}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK . 19 That I last saw the 22. I hereby certify that I attended the deceased from Em., from the causes and on the date stated above. deceased alive on cars 19 5 2 and that death occurred at_ 284 SINATURE 23B ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION. REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS VS 150



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12	2 7325 BALTIMORE CITY HEALTH DEPARTMENT 52							
В	IRTH NO. CERTIFICAT	E OF DEATH	Registered N	0				
('	Type or Print) Mary M Ohea		2. DATE OF DEATH LUGH	w.3-1952				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before dimission)				
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		outside corporate limits	write RURAL and give township)				
	3/20 Ileswick Hoad	1-1-1-1-1	ure!	township)				
6	agth of stay in Baltimore of the Mos. Days	D. STREET ADDRESS (If r	with R	oad				
2	emale The Married (Specify)	Spate of BIRTH	9. AGE (In years last birthday) Mor	Under 1 Year II Under 24 Hours hths Days Hours Min.				
10 wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Leftile mill	11 BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?				
1:	Goberts (M)	14 MOTHER'S MAIDEN NA	ME K SS					
(Y	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 15-07-67-6734	Mrs Mary Hen	maril 3/2	DRESS RS				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A)	ncho-preum	m's	INTERVAL BETWEEN ONSET AND DEATH				
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	cermo of	heast	3				
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
5	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			20. AUTOPSY?				
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., cause of Death		in Baltimore Clty, gi	ve exact location)				
2	Z CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK M.							
		0 20 .00 0.)				

22. I hereby certify that I attended the deceased from

deceased alive on 23A. SIGNATURE

23B. ADDRESS

, 1934 to Line 3, 1924 that I last saw the

, and that death occurred at seam, from the causes and on the date stated above. 23c. DATE SIGNED

24A BURIAL, CREMA-

24c NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

(State)

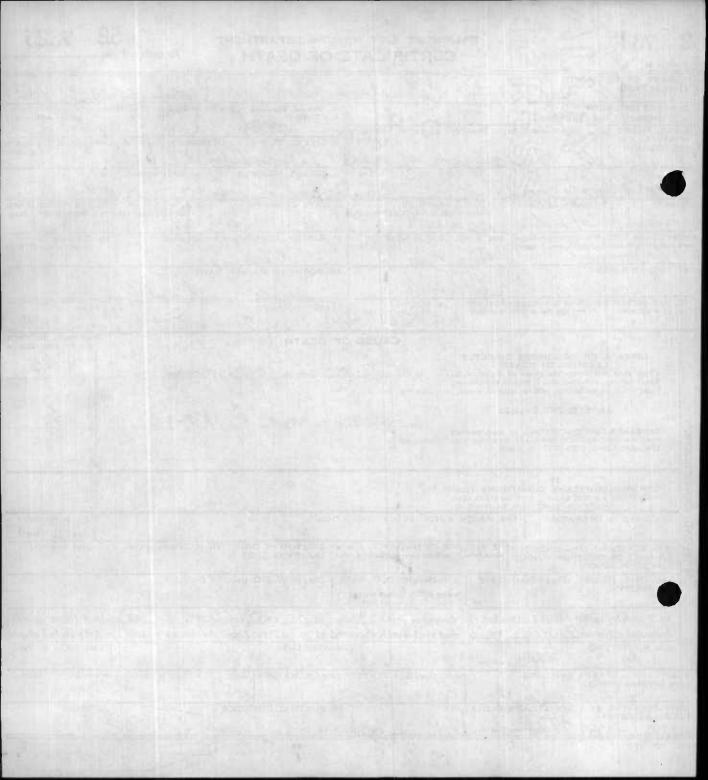
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

8/4W367 J.

VS 150



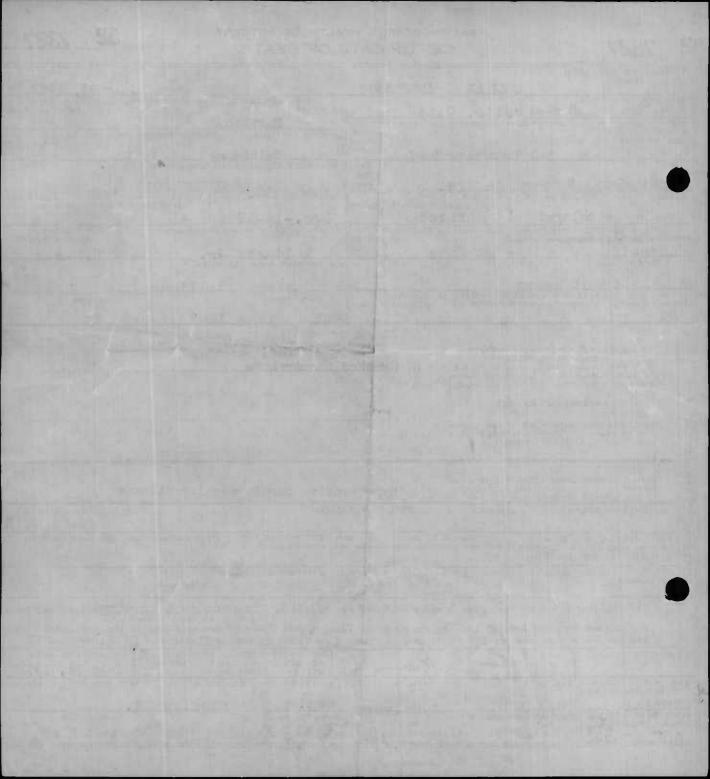
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5	2 73%	26	BAL	CERTIFICA	ATE	OF DEATH	Registe	ered No.	, /	020
_	RTH NO.									
	NAME OF D ype or Print)	ECEASED	Margar	et M. Haye	S		2. DATE OF DEATH	Aug. 1		
Α.	PLACE OF D Baltimore (City, Maryland	Baltim	ore on, give street addre	- O - P - O -	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased li B. COUN	ved If insti	tution: le	sidence admission)
H	SPITAL OR	1509 Ens			tion)	c. CITY OR TOWN (If Baltimo:	outside corporat	e imits, wr	ite RURA	L and give township)
					Yrs.	D. STREET ADDRESS (If		ion)		
		tay in Baltimore		Į,	Mos. Days	1509 Ensor	St. Bal	ltimor	e, N	ld.
5.	SEX	6. COLOR OR RACI	7. SINGLE	. MARRIED. ED, DIVORCED (S	pecify)	8. DATE OF BIRTH	9. AGE (In ye last birthda	ars H Under	1 Year II	Under 24 Hours ours: Min.
Fe	male	White		ried		Aug. 25, 1878	1031.	11	7	
10 work	A. USUAL OC	CUPATION (Give kind of worklog life, even if retire	of 108. KIND	OF BUSINESS O	R	11. BIRTHPLACE (State or fo	reign country)	12.	CITIZEN	OF OUNTRY?
	House	work	at Ho	me		Baltimore.	Md.		U.S.	_
13	FATHER'S	IAME				14. MOTHER'S MAIDEN NA	AME			
			McGuine	33		Not 1	Kown			
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tee of service)	16. SOCIAL SECURITY N	10.	17. INFORMANT		ADDR	ESS	
	No			none		Mrs. Margaret	Gaitley	1509	Ensc	r St.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					worderste w Lypteure	iboais ider-Vaz al Dec	evlai	Su	Allen
AL	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF	OPER/				YES _	NO NO
MEDICAL	21a. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about home, fo	CE OF INJURY (arm, factory, street, office	e. g., in bldg.,et		If in Baltimore	City, give	exact loca	ation)
TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED MHILE AT NOT WHILE AT WORK AT WORK						21F. HOW DID INJURY	OCCUR?			
		y certify that I a live on Aug 1.			ccur:	704 9 , 1948, to red at 1: 12 7.m., from t. 38. ADDRESS	he causes and	d on the d	ate stat	
		PREMA- /248. DATE		24c. NAME OF CEN	4ETEF		OCATION (City		1	/(State)
D.	Burial ATE RECEIVE AUGAIST	Aug 5 Registral	1952 RS SIGNATU	New Cathe	112	al Cometery B. 25. FUNERAL DIRECTOR Elmer W. Conk!				•

ABIN OF THE STATE OF THE SECOND SAME 11 15 91.C. Land It.

CERTIFICATE OF DEATH Registered No. 7327

E	BIRTH NO.			CERTIFICAT	E OF DEATH	arog	
	. NAME OF D					2. DATE	
1			CILLE	ANDERSON		DEATH Ju	y 31, 1952
A	. Baltimore C	City, Maryland B	alto.	City	4. USUAL RESIDENCE ()	Where deceased lived. If B. COUNTY	f institution : residence before admission)
8	FULL NAME IOSPITAL OR NSTITUTION			tion, give street address or location)		f outside corporate limi	ts, write RURAL and give
11	NSTITOTION	510 R	undvie	w Road	Baltimore	-//	thwnship)
P				Yrs.	D. STREET ADDRESS (If		
		tay in Baltimore	34 Yr	Mos. Days	510 Round	dview Road	
5	SEX	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under 1 Year If Under 24 Hours on the Days Hours Min.
111	female	colored		ried	Dec14-1906	45	
401	OA. USUAL OCI	CUPATION (Give kind of f working life, even if retired)	108, KINI	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	lousewif		At H	lome	Valdosta G		U.S.A
1	3. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
-	Br.	vant Henry			Sarah W:	illiams	
(Y	es, no or unknown)	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	No				Sarah Grace 1	507 Vincent	t Ct
	18. 23/	X		CAUSE	OF DEATH		ONSET AND DEATH
}	DISEAS	E OR CONDITION	DIRECTLY				
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e.	g., (A)Cerebra	al hemorrhage	*******************************	
	injury or	complication which o	aused death	h.) DUE TO			
		ANTECEDENT CAUS	ES				
z	DISEASES	OR CONDITIONS, II	ANY GIVI	(B)	***************************************	***************************************	***************************************
	RISE TO TI	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
RTIFICATION				(C)		***************************************	
FIC		П					
RT	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	ED Himant	ensive cardiovasc	ular disease	
CE		SEASE OR CONDITION F OPERATION 1		FINDINGS OF OPER		arboard	
	ISA. DATE OF	O'ERATION 1	pp. MAJOR	THOMAS OF OFER	ATTON		YES NO
CAL		AL CAUSE WAS	218. PL/	ACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City,	
EDIC		OR CONTRIB-	about home,	farm, factory, street, office bldg., e	to.) INJURY OCCUR?		
Z	21D. TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
h	22. I certif	y that I took char			bove, held an inspec	tion & inqui	TVthereon and from
					Autopsv.	Inspection or Inquiry	
	and dea	th in my opinion	resulted f	rpsy, inspection or in from: natural causes	nquiry, find that said do \mathbf{X} , accident \square , suicide	ceased area on the \square , homicide \square , i	he day stated above, and etermined \square .
	23A. SIGNAT		_	1	238. CHIEF MEDICAL	EXAMINER X 23	C. DATE SIGNED
_		1700	1-	alla M.	D. MEDICAL INVESTIGAT		uly 31, 1952
1 TI	4A. BURIAL, CI ON, REMOVAL (Sp	REMA- 24B. DATE		24C. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
_	Burial	8/4/79	52	Mt. Colvery	Cem. Bro	oklyn Md.	
L.	ATE RECEIVED	BY REGISTRAR'S	SIGNATU	RE	25 TUNERAL DIRECTOR	·······································	ADDRESS
	AUG 4 - 19	352 1- 1	ton 1	Higues M.P.	when we man	1 1040 130	may ux
V	S 151	- June Conf		June .			1 3

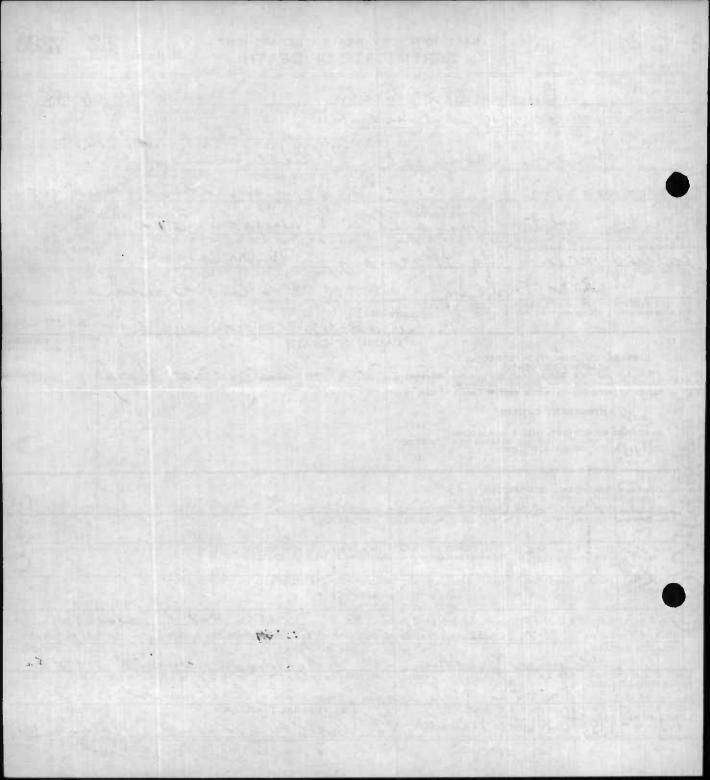


3,7328

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7328

В	IRTH NO.				
	NAME OF DECEASED (Sype or Print)	W. Leut	tn	OF DEATH	21-1952
A	Baltimore City, Maryland Wilker	so + Cator can		Where deceased lived. If B. COUNTY	stitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution (If not in hospital or institution)	ution, give street address or location)		outside corporate limits	s, write RURAL and give
4	to agree ou	Yrs.	D. STREET ADDRESS (If	rural, give location)	ons in le
6	ength of stay in Baltimore	5/gn. Mos. Days	Johnny C	ake K	L Box54
5	mele white 7. SING	LE. MARRIED, WED, DIVORCED (Specify)	8-31-1900		Under 1 Year It Under 24 Hours nths Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIN done during most of working lifecoven if retired)		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
2	while maker mie	Pharmac	, mary	and	WHAT COUNTRY?
	B. FATHER CHAME T. Lei	to	Mary E.	Thrust	
1 : (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	06.7	DDRESS
-	18. 1/ 2 2 1	1220-01-663	OF DEATH	ner ser	INTERVAL BETWEEN
	18. 422.1 DISEASE OR CONDITION DIRECTLY		OF DEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.	0.4	inia Cardin C	Trans Dini	
	heart failure, asthenia, etc. It means the disci	ase,			
		un.) Due 10			The second
-7	ANTECEDENT CAUSES				
0	DISEASES OR CONDITIONS, 15 ANY, GIV	ING			*******
FA	RISE TO THE ABOVE CAUSE (A) STATING 'UNDERLYING CONDITION LAST.	THE DUE TO			H AVE IN THE
S		(C)	***************************************		
ERTIFICATION	11				
K	OTHER SIGNIFICANT CONDITIONS CO				
C	TO THE DISEASE OR CONDITION CAUSING	іт			
1	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	219 81	LACE OF INJURY (e. g., i	ia or 21c. WHERE DID (I	If in Baltimore City, g	YES NO
MEDICA		e, farm, factory, street, office bldg.,		I in Daitimore Oity, g	ive exact location)
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		OCCUR?	
	m,	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended th	e deceased from 7	- 1957 to 8	-/ 195	That I last saw the
			rred at 6:55 M from ti		
	23A, SIGNATURE	1	23B. ADDRESS		23c. DATE SIGNED
	George V.	Eten M. D.	It. agnes	Hospital	8-1-52.
	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	Western	Pametery Ba	ocation (City, town,	or county) (State)
DL	ATE RECEIVED BY REGISTRAR'S SIGNAT	Liques MT	25. FUNERAL DIRECTOR	0~ .= .= 4	ADDRESS
=	VS 150	E" / []	ver. L. verger	04 1 1	1
	1	the said Co.	I I I I I I I I I I I I I I I I I I I	A V /AT. 7 (/)	LAT !



-	BALTIMORE CITY HI	EALTH DEPARTMENT 52	7329
5	2 CERTIFICAT	E OF DEATH Registered No.	1000
	NAME OF DECEASED Spe or Print) Branda Westbrook	2. DATE OF DEATH 8-3-	52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
H	FULL NAME OF ''f not in hospital or institution, give street address or OSPITAL OR location'		vrite RURAL and give
	University Hospital	South 10	township)
	Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)	/
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOVED, DIVORCED (Specify)	B. DATE OF BIRTH Offul 4, 1952 9. AGE (In years last birthday) Mond	Days Hours Min.
wor.	A. USUAL OCCUPATION (Olvekinder to de during most of working life even if retired) IOB, KIND OF BUSINESS OR INDUSTRY	11. BRTHPLACE (State or foreign country)	WHAT COUNTRY?
12	FATHER SNAME	14. MOTHER'S MAIDEN NAME	
15 V	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	N7. INFORMANT 1 ADD	RESS
		James Westrook 306	Jeans St
	DISEASE OR CONDITION DIRECTLY	WF DEATH	ONSET ANO OEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	restitial Traumonia	
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
CERTIFICATION	UNDERLYING CONDITION LAST. (C)		
TFIC	OTHER SIGNIFICANT CONDITIONS CON-		
ERI	TRIBUTING TO THE OEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT.		
LC	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION	YES NO
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		
ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY MHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
H	22. I certify that I took charge of the remains described a		thereon and from
	the evidence obtained by said Autopsy, Inspection or land death in my opinion resulted from: natural causes		
		ASSISTANT MEDICAL EXAMINER	3-52
TIC	A. BURIAL. CREMA- 248. DATE 24C NAME OF CEMETE	RY OR CREMATORY 24b. LOCATION (City, town, or	county) (State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
_	AJG 4 1352 Huntington Williams, M	has Cooper Silla	weetmai
٧	s 151 1 9 5 2 0 0 0	1 3 2 1	

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11-	9 63	No. of the last of	
10	BALTIMORE CITY H	HEALTH DEPARTMENT 5	2 7330
B	CERTIFICAT	TE OF DEATH Registered No)
1.	NAME OF DECEASED	2. DATE /	
	Marie Gaschnit		-3-52
A.	Baltimore City, Maryland 6420 Reistenstown Pd	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of opening the street address of the stre		write RURAL and give
	The Seton Institute	tonest Glen	township)
7	2/ VNS - 5-days Mos		I CAN
C	ength of stay in Baltimore 30 y 13 3 4 4/3 Day	3	6201
	6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specific Single)		ths Days Hours Min.
10 wor	OA. USUAL OCCUPATION (Glyckind of lost KIND OF BUSINESS OR K done during most of working life, even if retired)	Y	2. CITIZEN OF WHAT COUNTRY
1:	NURSE	13. MOTHER'S MAIDEN NAME	
	Wenzel Gaschnitz	Nagdalena Froelich	
1: (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADI	DRESS
-			
		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	cer of the Carge is testing	6 Went
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES	- unlikate metastases	2. 4
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	many e moraspases	duan
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
CA			****
RTIF	11 6/	1 ~	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	phrema	3640a0
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg	in or 21C. WHERE DID (If in Baltimore City, giv., etc.) INJURY OCCUR?	ve exact location)
12	The state of the s		

SID. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

HOT WHILE WHILE AT

195 that I last saw the 22. I hereby certify that I attended the deceased from Jeff., 1936 to Aufter 3, 1954 that I last saw the deceased alive on highest 31952 and that death occurred at 2 with fifteen the causes and on the date stated above. 123B. ADDRESS

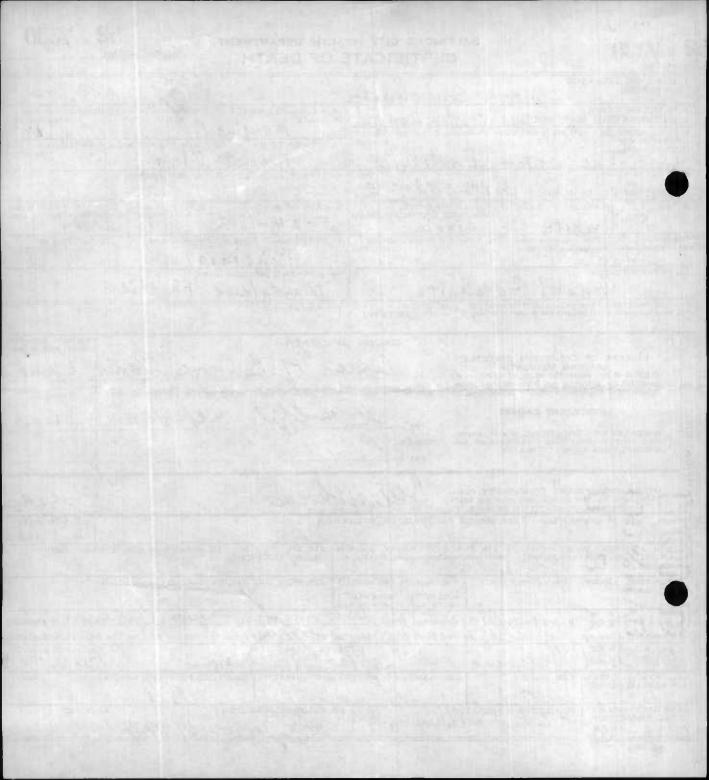
24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7331

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Garnet Richard OF Aug. 1, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore Gity Hospital coation) Md B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RWRAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS Yrs. (If rural, give location Mos. 581 Laurens St. c. Length of stay in Baltimore 32 JIS. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours last hirthday) Months Days Hours Min. Male Negro May 10, 1911 Sep. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF workdone during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ONTRACTOR Gala 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Garnet Richards . Sr. Rosie Batner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cacheria due to Carcinène 3 mos. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carcinema of tengue and tensil 1 yr. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 194 DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL Gastrestowy for bleeding 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING INJURY OCCUR? Ш CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from June 27 , 1952, to Aug. 1 ____. 19_52 that I last saw the . 19 52, and that death occurred at 9.05111, from the causes and on the date stated above. deceased alive on Aug. 1 23A. SIGNATURE 35 DATE SIGNED 238. ADDRESS 4940 Eastern Ave. BURIAL. CREMA-I 24c. NAME OF SEMETERY OR CREMATORY TION, REMOVAL (SpeCHy) SSIGNATURE DATE RECEIVED BY TRAR REGISTES 2 VS 150

S SETTLE DESIGNATION THE RESERVE THE PARTY OF THE PA They I was said G. A. - -10 11-1-1 . 25 ansum 5th Outside Line and Line Line TOTAL MENTEN AND MENTEN LYON or delivers of other backs Lineateron of tonera anticomic 4

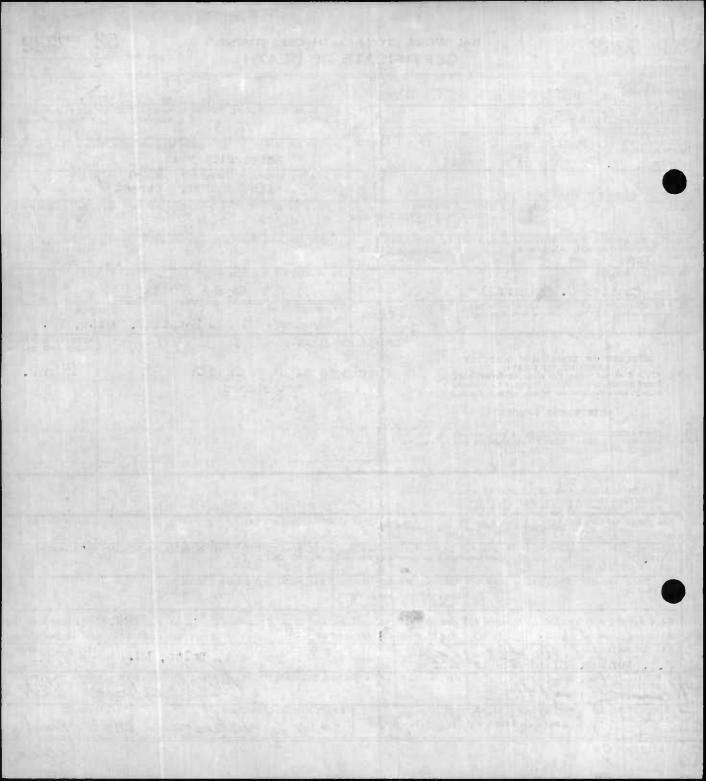
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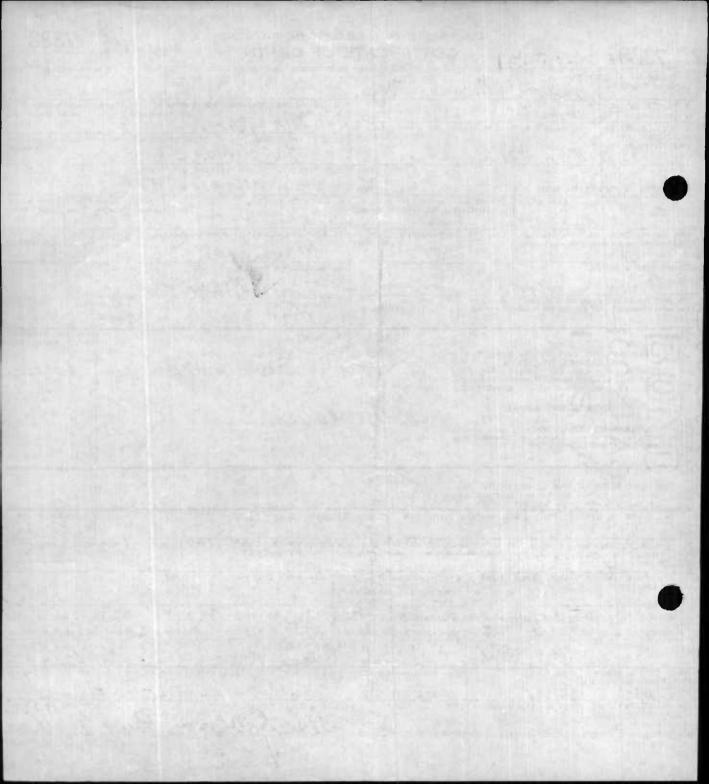
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1	52	7777
Registered	No	1000

BIRTH NO.			CERTIFICATI	OF DEATH	Acgistered !		
1. NAME OF D (Type or Print)	HOWARD W	ILSON S	PICKNALL		2. DATE OF DEATH Augus	st 3, 1952	
	City, Maryland			4. USUAL RESIDENCE (W. A. STATE Maryland			
B. FULL NAME HOSPITAL OR INSTITUTION	US Public Hes	tal Se		c. CITY OR TOWN (If o		s, write RURAL and give township)	
Wyman Pl	c. Drive & 31:	st Stre		Universit	V	townsmp)	
c. Length of s	stay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (If r 4115 Wood	ural, give location) berry Street	6600	
5, SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED.DIVORCED (Specify) ATTIED	8. DATE OF BIRTH 12/31/79	9. AGE (In years house) Mon	Under 1 Year If Under 24 Hours nths Days Hours Min.	
10A. USUAL OC work done during most None	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	MF	USA	
Cha	rles G. Spick	nall		? Boyd			
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	A.F.	DDRESS	
(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Records- US PHS			
118. / /-/			CALICE	OF DEATH	, 1100broar, p	INTERVAL BETWEEN	
CODISEASE RISE TO TUNDERLY OTHER STRIBUTING TO THE DU	SE OR CONDITION LEADING TO DEAT s not mean the mode o re, asthenia, etc. It mea complication which e ANTECEDENT CAUS S OR CONDITIONS. IF THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT ISERASE OR CONDITION	TH f dying, e. g ns the disease aused death. ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT	(B)		i.th	onset and death 18 mos.	
_	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO	
	DENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	2 or 21c. WHERE DID (If	In Baltimore City, g		
D. TIME INJURY	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT W						
22. I herel	22. I hereby certify that I attended the deceased from July 30, 19 52, to Aug. 3, 19 52, that I last saw the						
deceased alive on Aug. 3, 1952, and that death occurred at 7:40Pm., from the causes and on the date stated above							
J.A. Hu	nter Clinics	Hum	ere 2	US PHS Hospital,		8/3/52	
24) BURIAL, TIME REMOVAL (S	Specify) 248 DATE	52	24c. NAME of CEMETE	Be	advibe	og, lld	
LOCAL REGIST			haus MD	25 FUNERAL DIRECTOR	ecol - 24	of melk.	
VS 150			O E David			De -	



	T. 1:	3 5.						
	14 1		BAL	TIMORE C	ITY HE	EALTH DEPARTMENT	52	, 12333
BI	RTH NO.33.	52-1500)	CERTIF	ICATI	E OF DEATH	Registered No.	7000
	NAME OF O	i how + 2	May	deno 7	Faul		2. OATE OF DEATH A49	4.1952
	PLACE OF O	EATH: City, Maryland	1		1	4. USUAL RESIDENCE (V		stitution : residence before admission)
В.	FULL NAME		al or instituti	on, give street		MARGLAN	(1)	betote wantidation)
	STITUTION	5 ma. 14			location)		outside corporate limits,	write RURAL and give township)
4	7	711141 H	74		Yrs.		rural, give location)	
	ngth of s	tay in Baltimore		1	Mos.	4107 11000		77-01
5.	SEX	6. COLOR OR RACE		MARRIEO,		B. DATE OF BIRTH	9. AGE (In years Nun	der I Year If Under 24 Hours
	1	White	100	ED, DIVORCE	(Specify)	July 4,1952	last birthday) Mont	hs Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINO	OF BUSINES	S OR	11. BIRTHPLACE (State or fo	oreign country) 1:	2. CITIZEN OF WHAT COUNTRY
	Non	e				MARYLAN	0	439.
13	. FATHER'S N	IAME				14. MOTHER'S MAIOEN N.	AME	
15	HAS DECEASE	D EVER IN U.S. ARMED	2	10 000111		Ida Mis	len	
(Yes	s, no or nnknown)	(If yea, give war or date	of service)	16. SOCIAL SECURI		MOTHER	SAME	PRESS
	18. 754	.4		С	AUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION			P	1111.40		Olio El Milo De Milo
	(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e.g.	(A)	conde	MINI HILLY U	() rare	/ m.
		complication which c						
		ANTECEDENT CAUS	ES		Man	naalin		1 100
TION	DISEASES	OR CONDITIONS, II	ANY, GIVIN	(B)	1.1./		***************************************	
	UNOERLY	HE ABOVE CAUSE (A)	STATING TH ST.					
FICA				(C)			•••••	
ERT	OTHER S	IGNIFICANT CONOL	TIONS CON					
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	0				
	19A. OATE O	F OPERATION 1	9B. MAJOR	FINDINGS (OF OPER	ATION		20. AUTOPSY?
CA			L 04- 5	05 05	(Tara variens are	(4 : P 14: G::	YES NO
IEDICAL		ENT WAS UNCER. R CONTRIBUTING		CE OF INJUF irm, factory, street			If in Baltimore City, giv	e exact location)
Σ	21D. TIME (Month) (Day) (Year)	(Hour) 2	1E. INJURY	OCCURRI	ED 21F. HOW DIO INJURY	OCCUR?	
			m. W	WORK WORK	NOT WHILE			
	22. I hereby	y certify that I att	ended the	deceased fro	om_ 4	49 3 1952 to A	749 4 , 1952,	that I last saw the
	deceased al		,1952-0	and that dea			he causes and on the	
	23A. SIGNAT	TURE (O)	tores-			3B. AOORESS	To Day 1	23c OATE SIGNEO
24	A. BURIAL, C	REMA- 24B. OATE		4c. NAME OF	CEMETE	RY OR CREMATORY 24D L	OCATION (City, town, or	county) (State)
TIC	on, REMOVAL (S Burial	Aug 5, 19	52	Workmen	Circ	le Cemetery Germ	an Hill Road	Kalta Ma
	ATE RECEIVED	O BY REGISTRAR				25. FUNERAL OIRECTOR		OORESS 11264
II	G 4 - 195	2 Hunting	ton W	Higues	MD	Sol how	non + Bus	Northans
-	VS 150	, 0	1	0 5	13 03			
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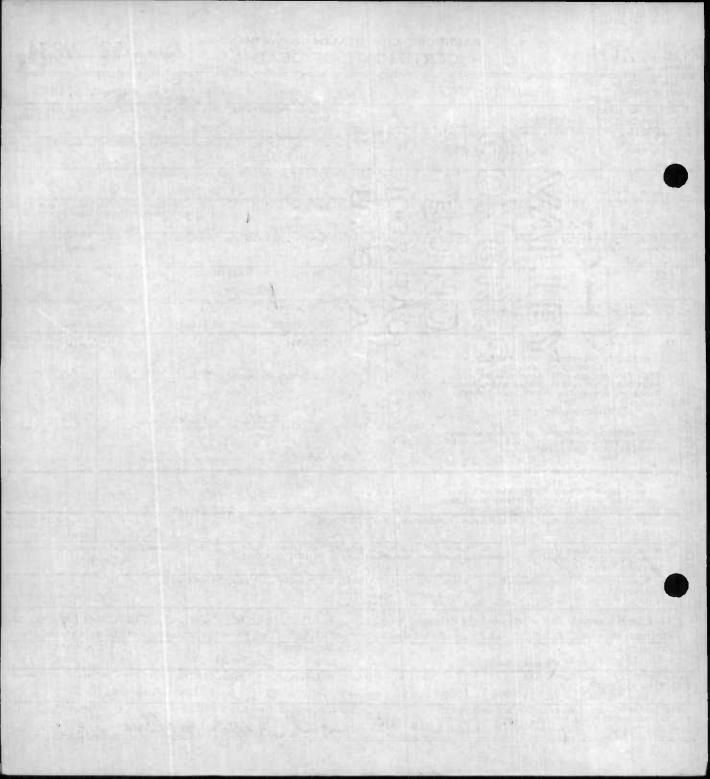


デーゴ46 52 7334

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7334

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BENJAMIN POTLER August 3, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4613PARKHEIGHTS AVE INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1811 E Fairmount Ave 50 Yrs c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Il Under 24 Hours last birthday) | Months | Days | Hours | Min. Male 1872 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs Morris Jacobson 4119 "oodhaven Ave INTERVAL BETWEEN +50.0 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the discase, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT 22. I hereby certify that I attended the deceased from 7/5, 1944, to 8/3, 1952, that I last saw the 19 12, and that death occurred at 6.3 ur m., from the causes and on the date stated above. deccased alive on____ 23c. DATE SIGNED 23A. SIGNATURE -320 Entan rel 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Bnai Jacob Loge Vemetery Bowleys Lane Balto Md Euria 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S, SIGNATURE LOCAL REGISTRAR unterston VS 150

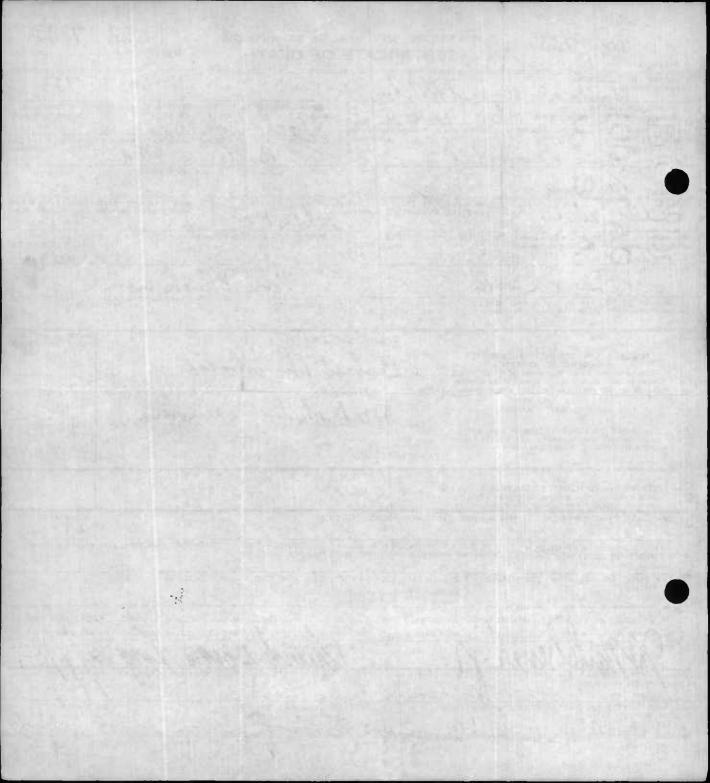


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	52	7335

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X 52 7335

_	DELL NO	CERTIFICATI	E OF DEATH	Registered I	No.
	NAME OF DECEASED			2. DATE	1/ 10 57
(T	type or Print) Smith Mr. Ricka	of Kentin		DEATH CLAS	401952
A.	PLACE OF DEATH: Baltimore City, Maryland Church FULL NAME OF (If not in hospital or institu	Home	4. USUAL RESIDENCE (V	A. COUNTY	institution: residence before admission)
H	OSPITAL OR ISTITUTION	location)	C. CITY OR TOWN		s, write RURAL and give township)
7	huch Home & days to	Yrs.	70000	rural, give location)	•
G	ength of stay in Baltimore	Mos. Days			6300
5.		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH Del. 12, 1908		onths Days Hours Min.
10 worl	done during most of working life, even if retired)	ID OF BUSINESS DR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDENIN		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(10	s, no or nnknown) (If yes, give war or dates of service)	SECURITY NO.			
	18. /99. 8 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	E. Cereb	of DEATH	eii	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ase, th.) DUE TO			
	ANTECEDENT CAUSES	In.	tastalic Care		
HON	DISEASES OR CONDITIONS, IF ANY, GIVE	ING	121109C CTE	my oca	
 	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.				
RTIFIC		(C)			
Ш	OTHER SIGNIFICANT CONDITIONS CO	TED			
U	19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL					YES NO
MEDIC		"ACE OF INJURY (e. g., i e, farm, fectory, street, office bldg.,		If in Baltimore City,	give exact location)
Ž	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	
	22. I hereby certify that I attended th	work AT WORK	, 19, to	19	_, that I last saw the
		and that death occur			he date stated above
	28 AST TON CONNER >	7.	MANNESS DOM	mg/Loap	8 4 5 9
	AA. BUYAL CREMA 248. DATE	24C. NAME OF CEMETE	RY OF CREMATERY 24D. L	DCATION (City/Jown	or count (State)
1 D	ATTRECEIVED BY REGISTRAR'S SIGNAT	URE URE	25. UNERAL DIRECTOR		ADDRESS
L	DILL REGISTRATE	/W IND	Leonard & R	uch 5-3	05 Harford
=	VS 150	walls My	2076	7 57	RD
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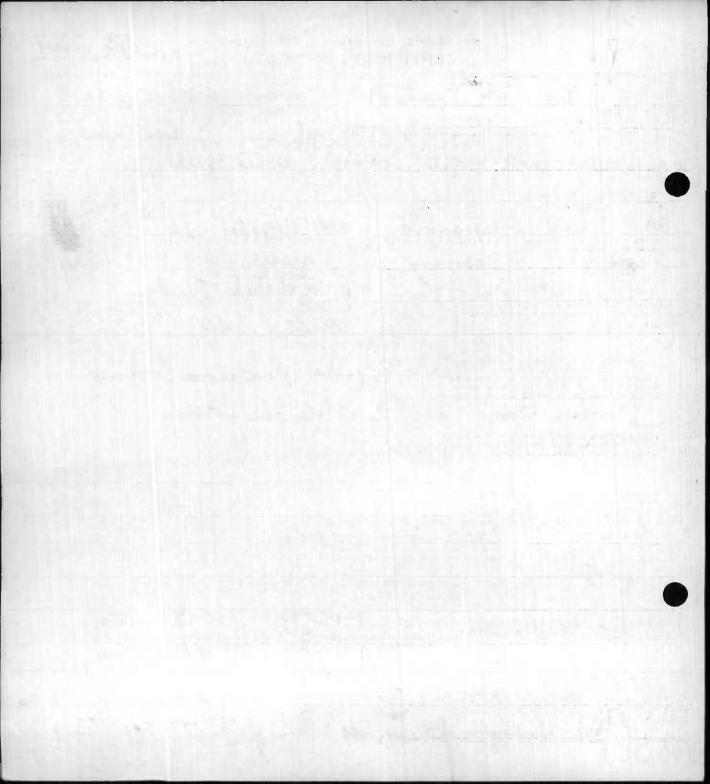
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7336 Registered No.

	NAME OF DI		NARD L	• MONROE		2. DATE OF DEATH 8/3/	52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3954 BROOKLYN AVENUE					4. USUAL RESIDENC	E (Where deceased lived, If is	nstitution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or					MD.	B. COORT	before aumission)	
HOSPITAL OR location)					C. CITY OR TOWN	(If outside corporate limits,		
57	10			SELLIS OF BEFORE	BALT	IMORE ,	township)	
7				Yrs.	D. STREET ADDRESS	(If rural, give location)	m poor A EL	
d		tay in Baltimore		Mos. Days	3954	BROOKLYN AVENUE	23-07	
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mon	Index 1 Year If Under 24 Hours ths Days Hours Min.	
	M	W		M	8/3/87	65		
1 C	A. USUAL OCO	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF	
	PATROLMAN		B.P.D		KENTUCKY			
13	FATHER'S N	IAME			14. MOTHER'S MAIDE	N NAME		
		LEONARD			MELVINIA	?		
(Ye	. WAS DECEASE e, no or unknown)	D EVER IN U. S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
	YES	1907			FAMILY - SA	ME		
	18. 420	1 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	E OR CONDITION						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) COPONARY OCCLUSION I hour About 7 years DUE TO disease.						1 hour	
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z							7 years.	
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ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-							
E	TRIBUTING	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY						
U								
AL							YES NO	
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)							
MEI	LYING OR CONTRIBUTING about bome, farm, fectory, street, office bidg., etc.) INJURY OCCUR?							
-	21b. TIME (21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	m. WHILE AT NOT WHILE NOT WORK							
	22. I hereby certify that I attended the deceased from 8/10/, 1945, to 8/3/, 1952 that I last saw the							
	deceased alive on 8/1/, 1952, and that death occurred at ? Am., from the causes and on the date stated above.							
	234 SIGNAT		1		38. ADDRESS		23c. DATE SIGNED	
	-XX	arry D	sell	el M.O.	1226 Hanove	r St.	8/4/52.	
24 TI	AA. BURIAL, C	REMA- 24B. DATE		24c, NAME of CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town, o	or county) (State)	
	В	8/6/52		GLEN HAVEN CE	METERY	GLEN BURNIE		
	ATE RECEIVED	BY REGISTRAR	SIGNATI	IRE	25. FUNERAL DIRECT		ADDRESS	
Λ	IIP A = iA	RAR Tuntingto	1 Kell	tracus, My.	JAMES L. MCCU	LLY - I30 E. FOR	T AVENUE	
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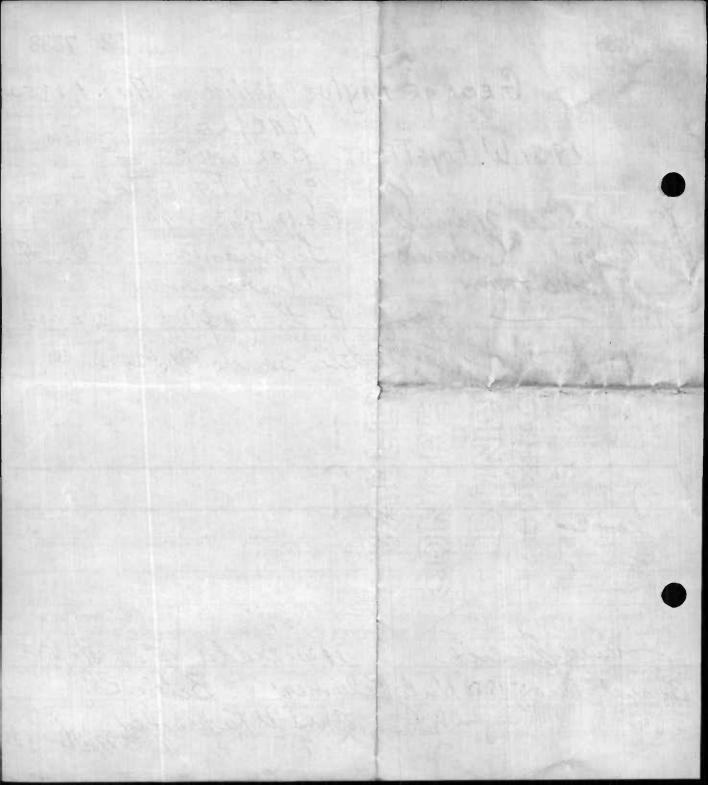
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DE	133				E OF DEATH	Registered I	Vo
	RTH NO.	ECEACED //	v. liet	1			
(T	ype or Print)	JOHN	w	reston		OF DEATH 7-5	-52
Α.		City, Maryland	425		4. USUAL RESIDENCE	Where deceased lived, If	institution : residence before admission)
HC	FULL NAME SSPITAL OR STITUTION	OF (If not in hosp	oital or Instituti	on, give street address or location)		If outside corporate limit	s, write RURAL and give
1	ARYLA	ND 6ther	al Hos	P. Tal, Beltun	o. STREET ADDRESS ()	f rural, give location)	township)
C	to the same of the same of	tay in Baltimore		Mos. Days			5300
	SEX	6. COLOR OR RAC	WIDOW	MARRIED, ED, DIVORCED (Specify)	NOV-15,1875	last birthday) Mo	Under Year H Under 24 Hours Hours Min.
10 work	done during most	CUPATION (Give kind of working life, even if retire	d) I	OF BUSINESS OR INDUSTRY		foreigh country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	Pars	ning	14. MOTHER'S MAIDEN	NAME	us A
15	WAS DECEASE	DEER IN U.S. ARM	Y res	to	Kebeleah	Tucker	
(Yes	, no or unknown)	yes, give war or da	etes of service)	16. SOCIAL SECURITY NO.	Walter Hel	dt 7.06 En	DDRESS LL
	18. 151	'× .		CAUSE	OF DEATH	1,000	INTERVAL BETWEEN
	DISEAS	E OR CONDITION		0.			ONSET AND OEATH
		LEADING TO DE not mean the mode		Yak.	ALLONS COLO.	Stra	
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		re, asthenia, etc. It m complication which	eans the disease	e,	·	34000	
		re, asthenia, etc. It m	caused death.	e,	ith Careenon	itoria	
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I NAME OF DECEASED (Type or Print) A USUAD RESIDENCE (Where deceased lived Infinitum) B FULL NAME OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give street address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution, give address or location) FULL PARK OF (If not in hospital or institution) FULL PARK OF (52 7338 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	7338
3. PLACE OF DEATH. Baltimore City, Maryland a. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF (If not in hospital or institution, give street address or location) 9. FULL NAME OF STATE OF INSTITUTION 9. FULL NAME OF STATE OF INSTITUTION OF STATE OF INSTITU	1. NAME OF DECEASED P	. / /952
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13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, po or unknown) 16. (If yes, give war or disks of service) 17. INFORMANT ADDRESS AD	M White Married (Specify) Les. 12, 1863 last birthiay) Mont	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 18. J. J. SECURITY NO. 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 19. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 19. DISEASES OR CONDITIONS CONTRIBUTING INSTALLABLE TO THE DISEASE OR CONDITION CAUSING IT. (C) 19. DISEASE OR CONDITION SET ANY, GIVING RISE TO THE BOOK CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. (C) 19. DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION IPS. MAJOR FINDINGS OF OPERATION 21. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING INDUSTRY OF OPERATION INJURY OCCUR? 21. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Work AY WORK 22. I hereby certify that I attended the deceased from Work AY WORK 23. ASIGNATURE 24. SURIAL CREMA: 24. DATE 24. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (Fity, town, or gravely) (State of Canada Control of Canada Ca	1. allow (rating) (ratmaker Lithuania)	
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24A. BURIAL, CREMA- 24L DATE 24C, NAME OF CEMETERY OR CREMATORY 24D, LOCATION (Fity, town, or control	23A. SIGNOTORE 23B. ADDRESS LANDO 7	date stated above.
DATE RECEIVED BY REGISTRAN'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS	Burial Registry Relieved Belaw & Belaw &	L.

VS 150



2 7339

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7339

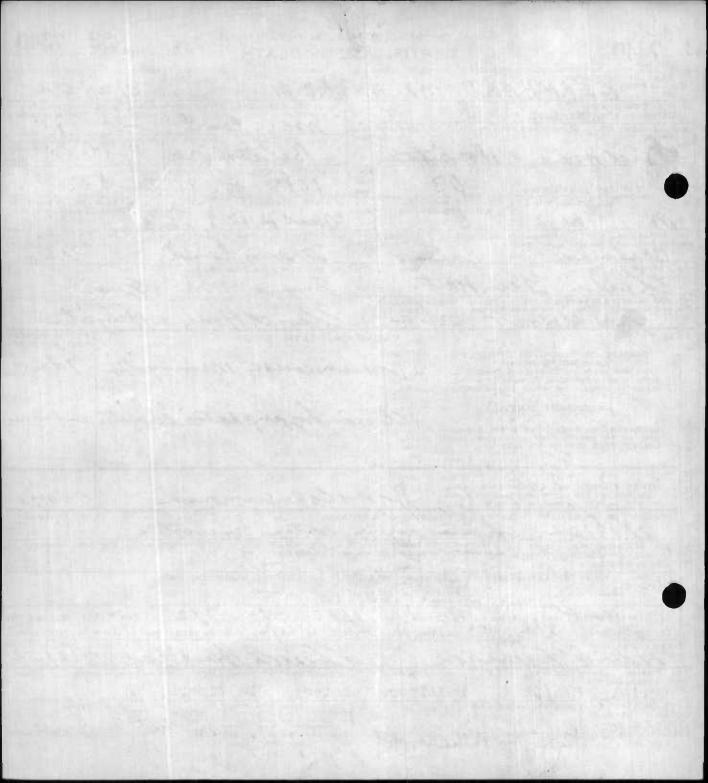
B	IRTH NO.	J		-EKIII	ICATE	OF DEATH	1	zeeg.beered 1.		
1. (T	NAME OF D ype or Print)	ECEASED DESS	E Et	HEL	51	CHIBER		ATE OF ATH	J- V:	
	Baltimore C	EATH: City, Maryland				4. USUAL RESIDEN		ceased lived, If	institution : residence a	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution	n, give street	address or location)	c. CITY OR TOWN	(If outside	corporate light	we the purchase	and give ownship)
7		//	70 000	100	Yrs. Mos.	D. STREET ADDRES	is (If rufal, g	ive location)	Y and	
6	ngth of s	6.COLOR OR RACE	7. SINGLE.	MARRIED	Days	8. DATE OF BIRTH	rejor	a 1	Under Year If Und	ler 24 Hours
7	male	White	Max	D, DIVORCE	ED (Specify)	A	las	t birthday) Mo	nths Days Hou	
10 WOT	adone during most o	CUPATION (Givekind of of working life, every fretired)	108. KIND		SS OR NDUSTRY	Allu	ate or foreign c	Mol	12. CITIZEN C WHAT CO	F UNTRY?
13	Wah	and M	organ	uster	in	14. MOTHER'S MAIL	DEN NAME			
15 (Ye	5. WAS DECEASE n, no or unknown)	ED EVER IN U, S. ARMEI (If you, give war or date	of pervice)	16. SOCIAL SECUR	ITY NO.	17. INFORMANT	Tolds	lera - Al	DDRESS	2_>
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication is a complication of the	ITH of dying, e.g., ons the disease, caused death.) SES FANY, GIVING STATING THE ST. TIONS CON- NOT RELATED	(B) (B)	(Neg	ste de car	meli de	o De	ONSET AND	?
_	19A. DATE O	F OPERATION 1	98. MAJOR I	FINDINGS	OF OPERA	TION			20. AUTO	PSY7
1EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJU				altimore City, s	give exact locati	
Σ	21b. TIME ((Month) (Day) (Year)	WE	1E. INJURY	OCCURRE NOT WHILE	21F. HOW DID I	INJURY OCC	UR?		
	22. I hereby certify that I attended the deceased from 1952 to 8-5, 1952, that I last saw the deceased alive on 8-4, 1952, and that death occurred at 3 Am., from the causes and on the date stated above									
	23A SIGNA		einbo	ch		B. ADDRESS	field	Que	8-5-	GIGNED
7	ATE RECEIVE	8-5-	S SIGNATUR	Jerry	ing 1	Y OF CREMATORY	B	ON (City, town,	or county)	(State)
-	AUG 5 IST	1952 Huntin	gton W.	Hisus	XALL S	sek Lewi	m Men	21006	citar	the
	VS 150		1	Lu E	Line / /il					

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

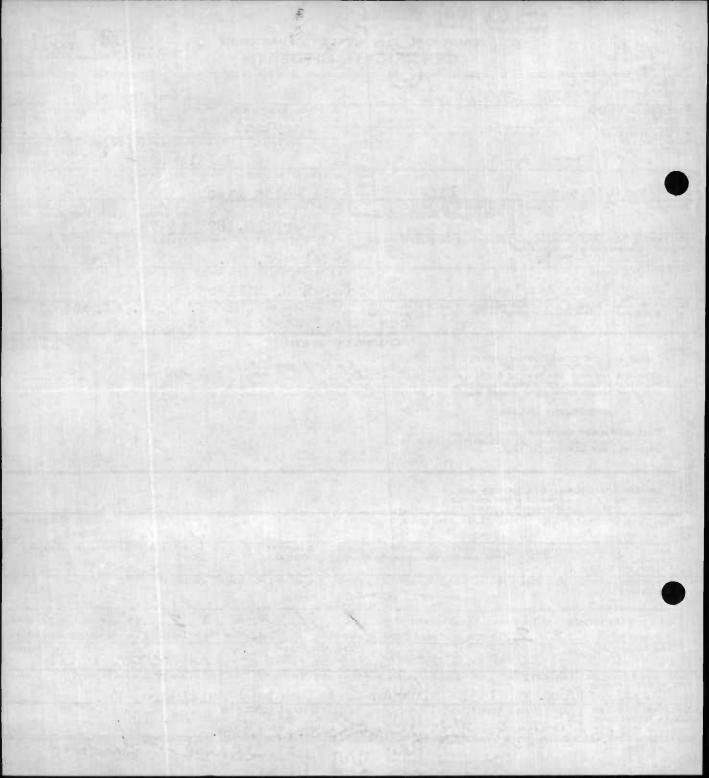
Registered No 7340

1. NAME OF DECEASED (Type or Print) GERNHART MA. AN	PREW 2. DATE OF DEATH 8/2	152.
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
and Home & Hospital	Baltimore. 9-	O (Stownship)
ngth of stay in Baltimore 63	D. STREET ADDRESS (If rural, give location)	7.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years) Und	er 1 Year If Under 24 Hours
m WIDOWED, DIVORCED (Specify)	Must 12, 1889 63	B Days Hours Min.
10a. USUAL OCCUPATION (Givekindof or kind of or kind or kind of or kind or		WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5 A.
There yes heat.	E MA G	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADD	DECC.
(Yee, no or unknown) (If yee, rive war or dates of gervice) SECURITY NO. 212-07-3372	Erench Home & / Hos	ntel
18. 5/3X1 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	the bail is it	21.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	unocoses e Menogua	laage.
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	in Lypup loster Sinuste	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.	(hyperplater)	
	71.	
OTHER SIGNIFICANT CONDITIONS CON-	els Preumonia	a deci
TO THE DISEASE OF CONDITION CAUSING IT.		Sarys
19a. Date of Operation 19b. Major Findings of Oper	closter Sincistia	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
WHILE AT NOT WHILE		
m. work AT WORK	128, 1952, to 8/2, 1952, t	7 . 7 7
22. I hereby certify that I attended the deceased from Z, deceased alive on \$/2 195 and that death occur	1953, to 8/2, 1953, to rred at 6:25 Pm., from the causes and on the	hat I last saw the
		3c. DATE SIGNED
Hairi & Souson M.D.	huch Home + Hope	8/4/52
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETE TION, REMOVAL (Specify) bur1al 8/6/52 Baltimore Ce	metery Baltimore, Md.	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
ALICE 40F0	HENRY SANDER & SONS, INC.	Anudo.
VS 150 Wantington Wallacus, My	BALTO, 13, MD Cong	Herri
7 760	11 1 10 10 11	



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF SARAH ESTELLE DIETZ August DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate Phits, write Roll AL and give INSTITUTION downship! 3311 White Avenue Balti more D. STREET ADDRESS (If rural, give location) Yrs. ength of stay in Baltimore Life White Avenue Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Il Under 1 Year | It Under 24 Hours | Months; Days | Hours; Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Single January 12,1879 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bookkeeper-ret. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Dietz Sarah R. Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 1912 E. 30th. ADDRESET 16. SOCIAL SECURITY NO. Mrs. Marion Roach INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK 22. I hereby eertify that Lattended the deceased from 19 that I last saw the deceased affice on 18/2, 195 Rand that death occurred at _m., from the causes and on the date stated above. 23A SIMATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL CREMA-TION REMOVAL (Specify) DUPIAL Z4B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Aug. Loudon Park Cemeterv Baltimore, DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

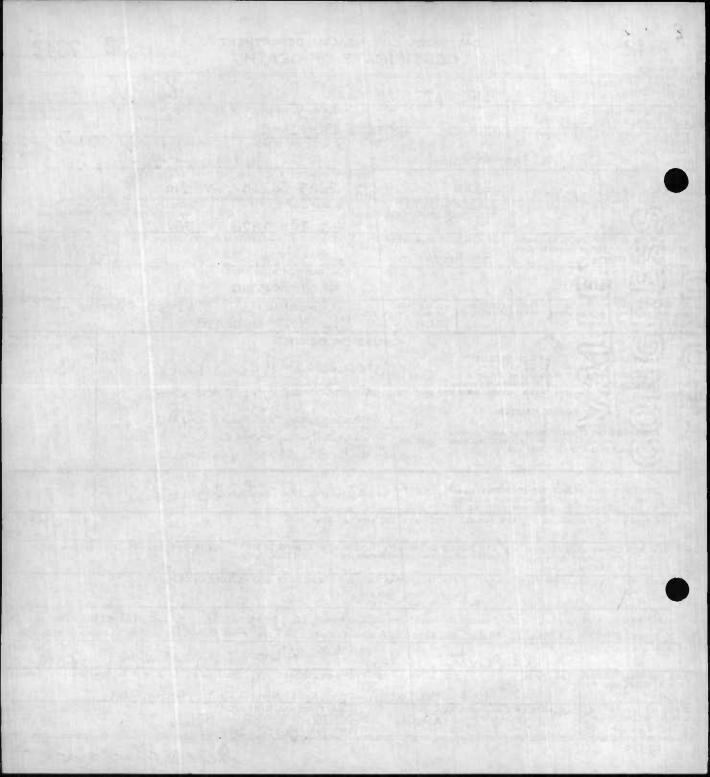


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

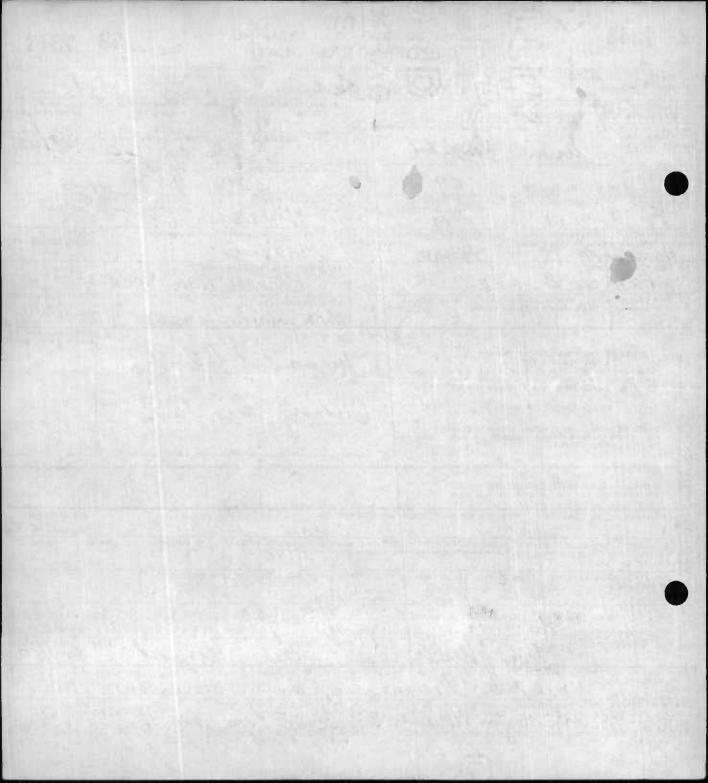
Registered R. 7342

BI	RTH NO.							
1. (T	1952							
	PLACE OF D Baltimore (EATH: City, Maryland		DEATHUE . 2	nstitution : residence before admission)			
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, give street address o location					
111	15111011014	2223 Callo	w Avenue	Baltimore / 3	(township)			
7			Yrs.	D. STREET ADDRESS (If rural, give location)				
		tay in Baltimore	Life Mos. Days	2223 Callow Avenue				
5.	F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Mon 76	Under 1 Year It Under 24 Hours ths Days Hours Min.			
		CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	House		at home	Baltimore. Md.	ISA			
13	FATHER'S			14. MOTHER'S MAIDEN NAME				
	John	Gebhard		Mary Borman				
(Xe	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	be of service) 16. SOCIAL SECURITY NO. None	17. INFORMANT 4136 Eierman Awe Mr H.C. Gebhard	prites -6			
	18. 11.21				INTERVAL BETWEEN			
	4000	I CONDITION		OF DEATH	ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COTOLOGY LACTOR TO DEATH							
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	injury or complication which caused death.) DUE TO Corocco School							
_	ANTECEDENT CAUSES Crucicular Fibrellation							
o	DISEASES OR CONDITIONS, IF ANY, GIVING (B) CHURS CONDITIONS OF ANY, GIVING							
E	UNDERLYING CONDITION LAST.							
U	(c)							
FIF								
ERTI	OTHER S	?						
ū	TO THE D	20, AUTOPSY?						
AL	19A. DATE O	YES NO						
U	21A. ACCIE	DENT WAS UNDER-	21B. PLACE OF INJURY (e. g.,	in or 21C. WHERE DID (If in Baltimore City, g				
MEDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
r	10. TIME F INJURY	(Month) (Day) (Year)						
6	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from any 1, 195, to any 2, 195, that I last saw the							
	deceased alive on							
	23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE							
		1- R	ulevitz M.D.	400 H. (40000)4	81431			
2. TI	AA. BURIAL.	CREMA- 248. DATE Specify)	24c. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)			
	burial	8/5/	52 Baltimore	e. Cemetery Baltimore, Md				
	ATE RECEIVE		C CLOSLATIIDE (ENRY SANDER & SONS, INC.	ADDRESS			
0	UG 5 - 1	952	Thursday, My	RALTO 213 MD 0				
-	VS 150		1 7 7 64	0/ 2	11			
1				TIMO. O. CO	Lander			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7343

BIRTH NO.	E OF DEATH
A MANE OF DECEMBED	2. DATE
(Type or Print) EFFIEM have	DEATH 8/3/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (Innot in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (Moutside corporate limits, write-burnt and give
INSTITUTION Wings Hospital	C. CITT OR TOWN (Material Land Market
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore 69 Mos. Days	3548 YKS+ #25
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years of Under I Year of Under I Year of Hours Min. 1/9/83 9. AGE (in years of Under I Year of Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE HOME	MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANCIS B. LEE	RACHAEL ANN SPURRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	BENJAMIN H. LAWRENCE, 3528 4th ST.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Mystardul Infarchen monary thursbors
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. MAJOR F	RATION 20. AUTOPSY?
A A	YES A NO E
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	8/3 195 40 , 195 4hat I last saw the
deceased alive on 8/2, 1952, and that death occur	
	238. ADDRESS LATER HATELY 23C. DATE & GNED
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	O. I C. Ma
BURIAL 8/6/5 D STEVENSVIL	25. FUNERAL DIRECTOR ADDRESS
AUG 5 - 1952 Huntington Williams, M.	JOHN F. DENNY, INC. BALTO, 30, MD.



CERTIFICATE OF DEATH

egistered No. 7344

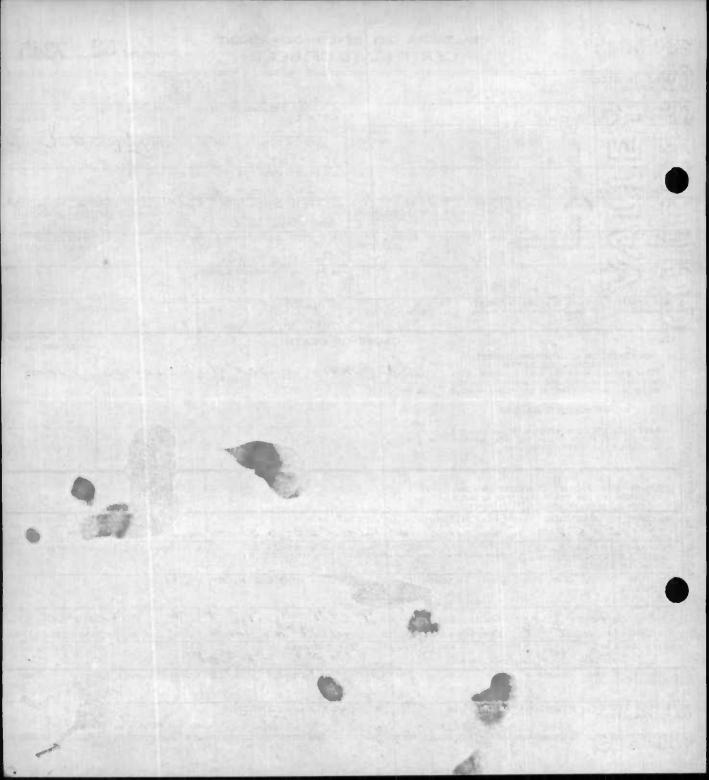
16		4		CERTIFICATI	E OF DEATH	Registered	No.
_	RTH NO.						
(T	NAME OF D	Harg	us M. D	avis		OF Aug	ust 2, 1952
A.		City, Maryland			4. USUAL RESIDENCE	B. COUNTY	If institution: residence before admission
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospital	al or instituti	on, give street address or location)	c. CITY OR TOWN		ods, write RURAL and give
A.		1307 W. 40	th Stre	et	Baltir) - Cownship
C.	ength of s	tay in Baltimore	40 yea	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location) N. 40th Stree	t
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
	Male	White		ED, DIVORCED (Specify)	Oct. 20, 1885		Months Days Hours Min.
work	A. USUAL OC done during most Carpente:	CUPATION (Glvekindof of working life, even if retired) P	Buildi	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Virginia	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	Charles				Lydia M. Sim	pson	
(Ye	NAS DECEAS , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO. 217-09-3004	Mrs. Mamie E.	Davis 1307	ADDRESS W. 40th Street
CERTIFICATION	(This does heart failt in jury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which e ANTECEDENT CAUS SOR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA III GIGNIFICANT CONDITION TO THE DEATH, BUT SEEASE OR CONDITION	'H f dying, e. g ns the disease aused death. ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) (B) (C) (C) (C)	tive Hav	t Falur	ONSET AND DEATH
7	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A ACCIE	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City	yes No v, give exact location)
MED		R CONTRIBUTING [arm, factory, street, office bldg.,			
Ĺ	ID. TIME	(Month) (Day) (Year)	,	21E. INJURY OCCURR WHILE AT WORK AT WORK		JRY OCCUR?	
	22. I hereb	y certify that I att	cnded the	deceased from his	1952 tol	Tug 2, 19.	Sthat I last saw th
B		live on Lug 1		and that death occur	red at 11 P. m., from	n the causes and on	the date stated above
	23A. SIGNA	1 111	Rum		40) Tollso	d.	8/4/87
24 TJ	AA. BURIAL.	CREMA. 248. DATE	2	246. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, tow	vn, or county) (State)
	Burial	Aug. 6,		Lorraine Park		altimore Co.,	Maryland
	ATE RECEIVE	DAD A.			25. FUNERAL DIRECTO		ADDRESS
1	WG 5 - 1	952 Thurter	gion	Vettiaus, My	Burgee Funera		Falls Road
	VS 150		a 3	5 2/6, 21.	A HARACO 9:10	urgee	

Bright State of State damage more ... NORE destroy out in the Avenue and the Control of the Co Land VERY 1995 and Service Street Tollies 2002 2002 and a service street and a service street

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2 7345

1. NAME OF DECEASED 2. DATE (Type or Print) PRESTON V. JORDAN SR. Aug. 4. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md . HOSPITAL OR location) c. CITY OR TOWN (If outside corporat INSTITUTION township) 5538 Gwynn Oak Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore 5538 Gwynn Oak Ave. Dave 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. Married Aug. 31. 1896 10A. USUAL OCCUPATION (Givekiod of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Wholesale Whiskey Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard B. Jordan Florence Arnold 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uoknown) (If yes, give war or dates of cervice) SECURITY NO. Mrs. Beryl Jordan, As Above INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY secumen heal of planners LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OF OPERATION 198 MAJOR FINDINGS accomma 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, atreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY WHILE 401957to . 1952 that I last saw the 22. I hereby certify that I attended the deceased from _, 19.52, and that death occurred at 2 deceased alive on_ A_m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SHENATURE William 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial Loudon Pk. Baltimore, Md. cerv DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

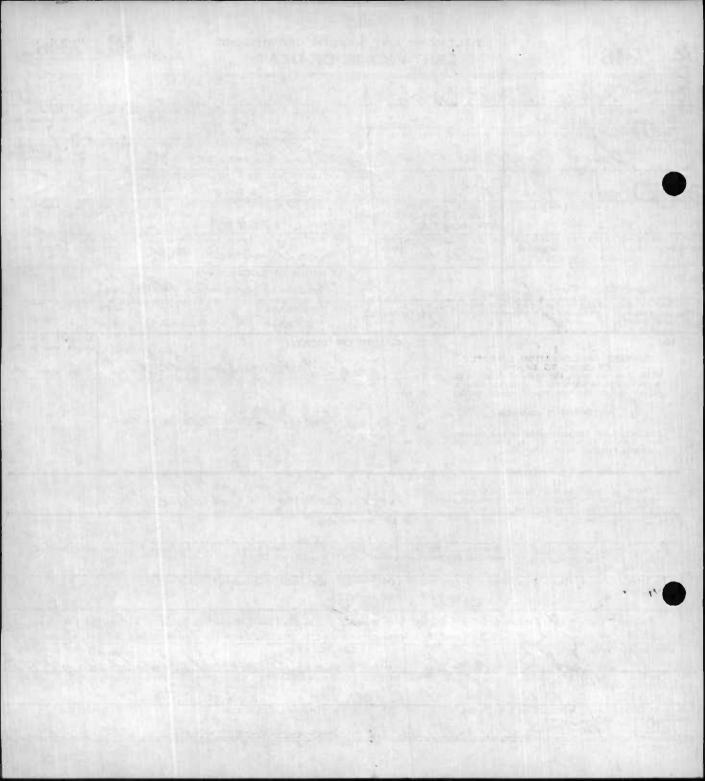


5	00
52	7346
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7346

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MAUD E. RYAN	2. DATE OF 8-4-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR NORTH MEMORIAL Hospital.	C. CITY OR TOWN (If outside corporate lights write All Land give township)
c. Ongth of stay in Baltimore Life 7 Mrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 1828 Havlem Que.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIRORCED (Specify)	June 7, 188 9. AGE (In years If Under I Year In Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of over if retired) Out done during meet of working life, even if retired) Cleck INDUSTRE	11. BIRTHPLACE (State or foreign country) Baltimore Md VHATCOUNTRY?
Games & Ryan	Clara Virginia Wichols
15. WAS DECEASED EVER IN U. S. ARMYD FORCES? (Yet, 20 or anknown) (If yes, give war or decea of service) SECURITY NO.	Hospital Records. U.M. Hogo.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	bral Vascular Recident 4 mecks
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDIN	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., a	n or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY M. WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on ling f, 1952, and that death occur 23A. SICNATURE 24A. BURIAL. CREMIN 24B. DATE 12AC. NAME OF CEMETE 13BURIAL SPECIES 24C. NAME OF CEMETE 13BURIAL SPECIES 24C. NAME OF CEMETE 13BURIAL SPECIES 13BURIAL	CEM BALTO. MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S Hantington Williams VS 150	Won In Turkung for In Ballo Md

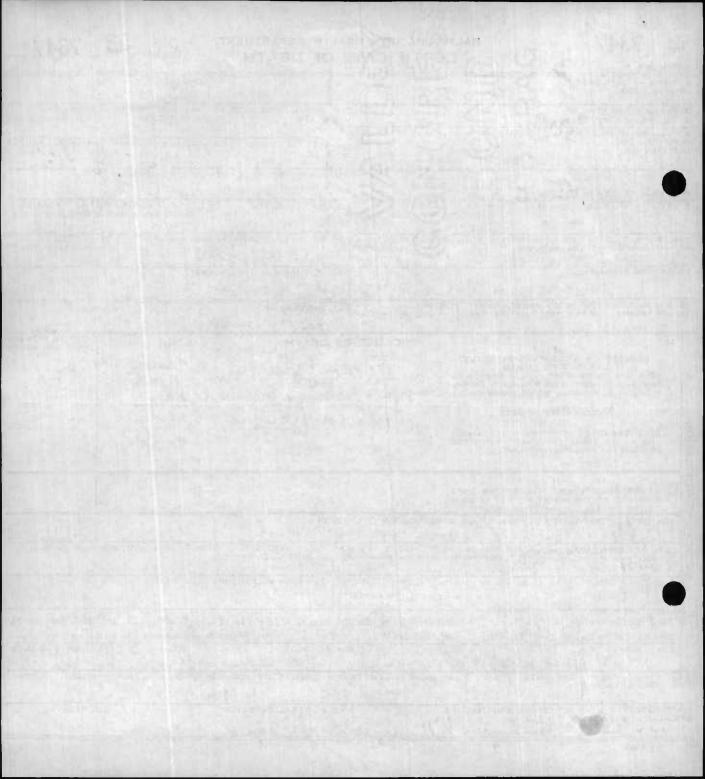


BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	NAME OF E	ECEASED	ALFI	RED J.	SYKES		2. DATE OF DEATH AUG	2, 1952
	PLACE OF E		vland			4. USUAL RESIDENCE		L If institution : residence
В.	B. FULL NAME OF (If not in hospital or institution, give street address or				ion, give street address or location)	Mid.		
	STITUTION	7770	187 1 as 1			c. CITY OR TOWN	(If outside corbor de li	imits, write HULAL and give township)
130	0	3/32	Vinter	rbourne	KQ.	Baltimore p. STREET ADDRESS	(If rural, give location)	7/
C.	ength of s	stay in Ba	ltimore		Mos. Days		rbourne Rd.	
5.	SEX	6. COLOR			E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	
1		V		Marr		Feb. 26, 190		Months Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION of working life,	(Give kind of even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10		red Sa	les-Mg1	Plum	bing Supplies	Baltimore, 1		USA
13	. FATHER'S				(W)	14. MOTHER'S MAIDE		
15	WAS DECEASE	Archib			Lie com	Rhona Coher	n	
(Ye	. WAS DECEAS , no or unknown)	(If yes, giv	ve war or dates	of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No						Sykes, 3732	
	18. 193	X	1		CAUSE	OF DEATH	-1	ONSET AND DEATH
		SE OR CO. LEADING	TO DEAT	TH	Tuen	a (dema	Spinas	145420
	heart failt	s not mean ire, asthenia	, etc. It mea	ns the diseas	е,	with a	card	
	injury or	complication			.) DUE TO PLESS	ecser Par	alipes	
_	ANTECEDENT CAUSES (B) Jump (clipma) 5 person						2 14 4 19	
Ö		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						***************************************
A		YING CON			(C)			
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RT		GIGNIFICAN						
G		S TO THE DI				•••••••••••••••••••••••••••••••••••••••		
1	19A. DATE	F OPERAT	ION 1	9B MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
OA	195	1:		The	ACE OF INJURY (e. g., in	al als WHERE DID	(If in Poltimore Cit	yes No Yes, give exact location)
MEDICA	LYING O CAUSE OF				arm, factory, street, office bldg., e		(if in Battimore Cit	y, give exact location)
	ID. TIME	(Month) (I	Day) (Year)		21E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
				m.	WHILE AT WORK			
	22. I hereb		that I att	-	deceased from	red at m. fro		9.5, that I last saw the n the date stated above.
	23A. SIGNA		cane	M.C.		BB. ADDRESS	erab	23c. DATE SIGNED
	A. BURIAL. N. REMOVAL (S Buriel	Speclfy)	Aug. 5,		24c. NAME OF CEMETER Druid Ridge	(40)	LOGATION (City, to	
DA				5 SIGNATU		25. FUNERAL DIRECTO		ADDRESS
-	TE RECEIVE CAL REGIST	1952	Hunt	ington	Williams MAG	Alm. V. Teckner	2. Sous In	Le .
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14	-12		
BIF	7.302	TE OF DEATH Registered N	2 7348
(Ту	NAME OF DECEASED pe or Print) Addil E. H	cellips 2. DATE OF DEATH QUE	4.1952
A. 1	PLACE OF DEATH: Baltimore City, Maryland 32/5 M. January Full NAME OF (If not in hospital or institution, give street address	4. USUL RESIDENCE (Where deceased lived, IV)	nstitution: residence before admission)
НО	SPITAL OR STITUTION 3215 W. Larrison Cre	c. CITY ON OWN (If outside corporate limits,	write RURAL and give
c.	ngth of stay in Baltimore Yrs Mos Day	22.15 W/ Missinger	arenne
P	Male Nudowed (Speci	8. DATE OF BIRTH 9. AGE (in years last birthday) Mon	Inder Year If Under 24 Hours this Days Hours Min.
10 A	USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT ODUSTRY?
	father's name Tellis	14. MOTHER'S MAIDEN NAME	m
15. You,	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT AD	DRESS
	TION	OF DEATH .	INTERVAL BETWEEN
	This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	inter Heart Francisco	5 dags.
z	ANTECEDENT CAUSES	ylesternia	who
ICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	01	
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

EDICA

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour)

WHILE AT NOT WHILE!

X9. 1952-to. 4, 195 that I last saw the

22. I hereby certify that I attended the deceased from

deceased alive on O 195 and that death occurred at A from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS

M. D.

20. AUTOPSYT

24A. BURIAL, CREMA-

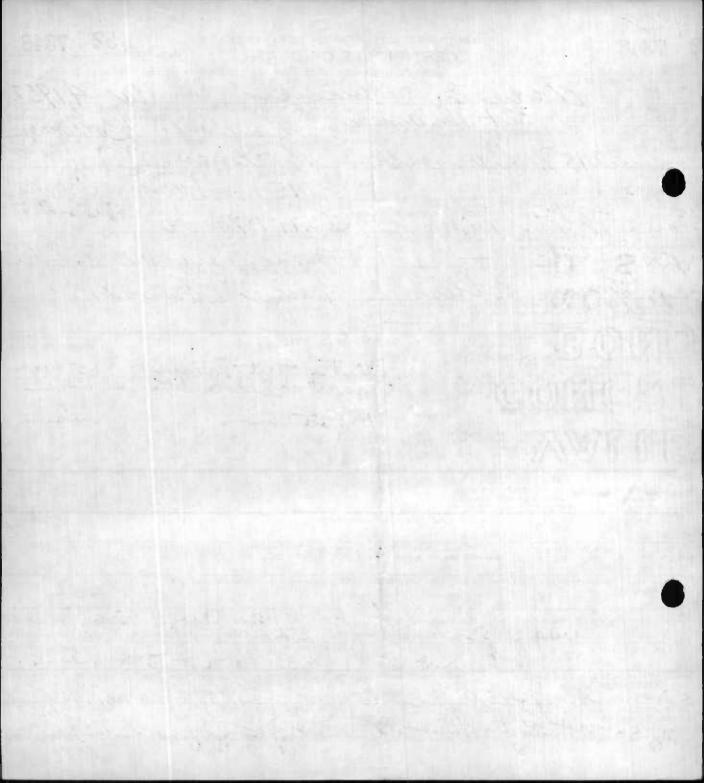
24c. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

VS 150

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence before admission) B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR outside corporate li Hirl and give INSTITUTION township) Yrs. D. STREET ADDRESS (Ifrural, give location) Mos. ngth of stay in Baltimore rewani Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years | 16 Under 1 Year | 16 Under 24 Hours | Months Days | Hours Min. hidower 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, mo or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 450.0 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL YES 218. PLACE OF INJURY (e. g., in or about home, farm, fectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK , 1952 to Chegust 2, 1952, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 31, 1952, and that death occurred at 8:34 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24D. LOCATION (City, town, or county)

ADDRESS

25/FUNERAL DIRECTOR

AUG 5 - 19

24A. BURIAL, CREMA-

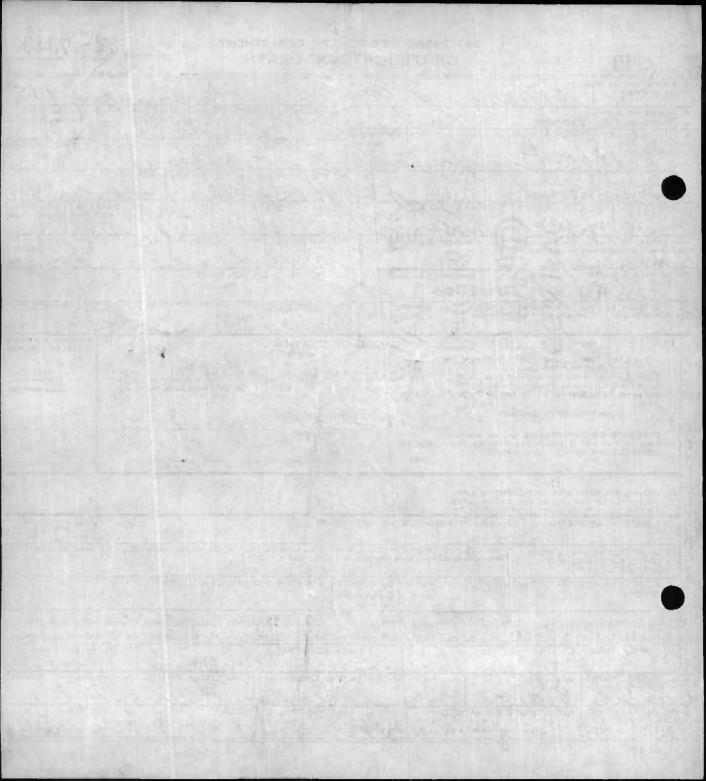
TION, REMOVAL (Specify)

OLIVIAL

DATE RECEIVED BY

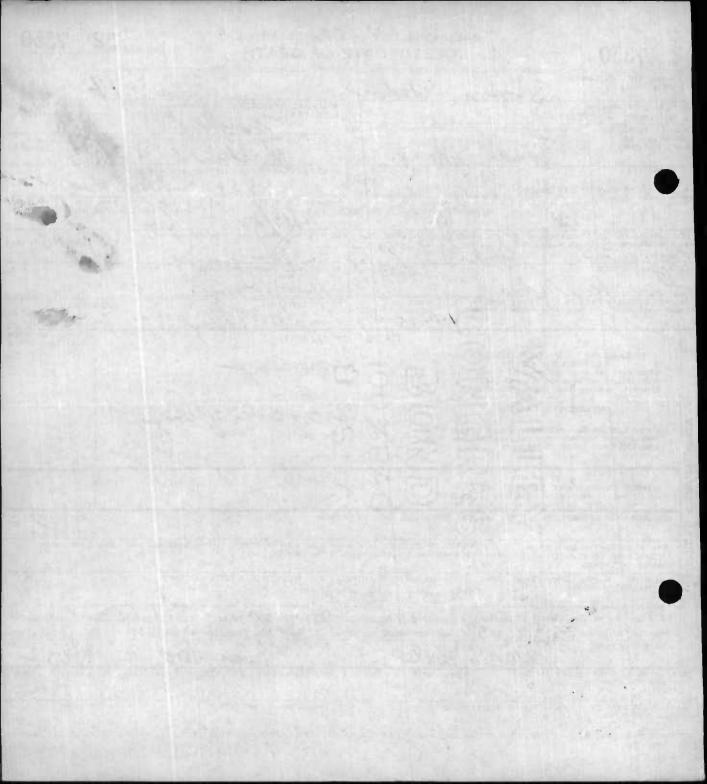
24B. DATE

REGISTRAR'S SIGNATURE.



Registered No. 7350 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived Af institution; residence A. Baltimore City, Maryland A. STATE BOUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RUDAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 9. AGE (h years last birthday) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under 1 Year If Under 24 Hours 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF work down during most of working life, even if retired) 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY! sarpenter 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME necuoum Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO -05-09% INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arcinona afen LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK . 195 to 22. I hereby certify that I attended the deceased from. , 19 that I last saw the 195 Land that death occurred at 30 pm., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 24A. BURIAL, CREMA-24E. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) 248. DATE TION, ROMOVAL (Specify) surial FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

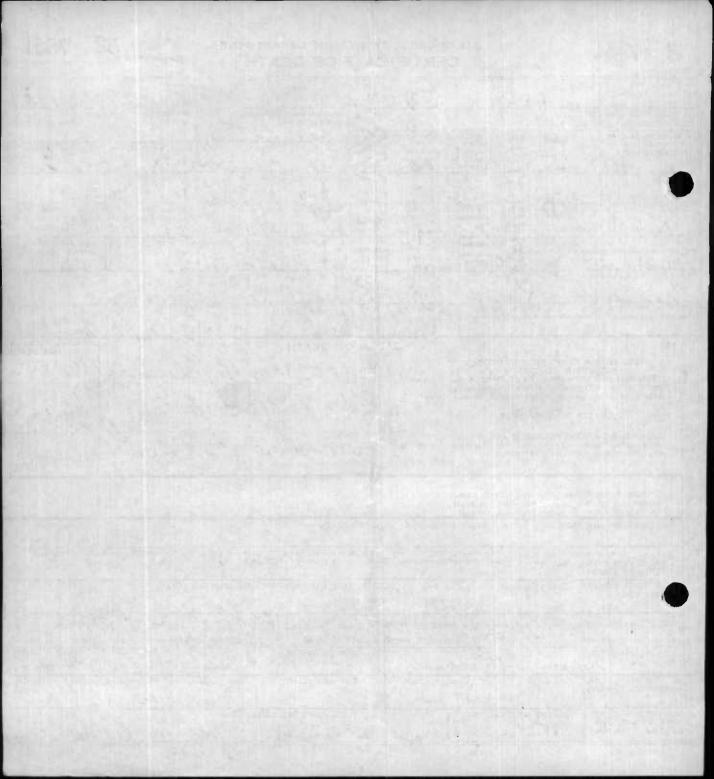
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 7351

BI	RTH NO.		C	ERIFIC	AIE	OF DEATH	negistered	110
=	NAME OF D	ECEASED					2. DATE	
	ype or Print)	TOHN ED	ANV	KIIT	T 7		OF A	6 13 19 67
3.	PLACE OF D	EATH:	TNA	10	114	. USUAL RESIDENCE (Where deceased lived.	Institution : residence
		City, Maryland		March Labor	A	. STATE	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospit	al or institution	ı, give street addre loca	A: \	city or town	f pitoida componeta li-	nits, write RURAP and give
	STITUTION	715 1 12.	Pt.	0. 4		17 -	r outside corporate iin	mits, write RURAL and give
		110. Mr	Man	are.	V	Baltima	er.	111
			1.1		Yrs. D Mos.	STREET ADDRESS (If	rural, give location)	
	Length of s	tay in Baltimore	29/	1	Days	117 A.M.	Man	and
5.	DEA.	6. COLOR OR RACE	7. SINGLE.	MARRIED, D, DIVORÇED (S _I		. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
_	10/	W	mas	mied	1	une 27 1901	1 51	
1C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND C	F BUSINESS O		1. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	machin		Stambo	unch		Balton	wil	4.1.0
13	FATHER'S			ELENATUR	25/01	4. MOTHER'S MAIDEN N	IAME	
1	micha	el K	11/2		(3)	welling	Kalust	shi:
15	. WAS DECEASE	D EVER IN U. S. ARMEL	FORCES?	16. SOCIAL	- A	7. INFORMANT	1 may	ADDRESS
(Ye	s, no or unknown)	(If yes, give war or date	s of source)	SECURITY N	10.	ALPO IN	10to 7.	1 1. 1-1- 9
	10 011	. /		CALL	CE CE	JAMES 1)	717	INTERVAL BETWEEN
	18. 241	X		CAU	SE OF	DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	(N K	ronon (polini	in alle 252
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e.g.,	(A)		7		7
		eomplication which		DUE TO	01	a maria	~ 0 . 1 0	XII
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TIFICA								11
H	OTHER	II IGNIFICANT CONDI	TIONE CON					
田田	TRIBUTING	TO THE DEATH, BUT	NOT RELATED					
U		SEASE OR CONDITION		INDINGS OF	DERAT	ION		LOO AUTORCHO
7	ISA. DATE C	F OPERATION 1	BB. MAJOR F	INDINGS OF	SPERAT	ION		20. AUTOPSY?
C	214 ACCID	ENT WAS UNDER	218. PLAC	E OF INJURY (e, g., in er	21c. WHERE DID (If in Baltimore City	give exact location)
MEDICAL	LYING OF	ENT WAS UNDER. R CONTRIBUTING DEATH		n,factory,street,office			an aminimore only	, are enace location;
-	D. TIME	Month) (Day) (Year)	(Hour) 21	E. INJURY OCC	URRED	21F. HOW DID INJUR	Y OCCUR?	
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	22 7 7 1	a contife Cont T			W	24/2016	Elia 2 10	17-111
		y certify Way I att			7 00	19 700	2, 19	
	deceased al		2,19 an	ed that death o		ADDRESS A. M., from	the causes and on	the date stated above.
	200	Ellar 1	1/400	ener (M. D		30, a Kei	wood	2 23c, DATE SIGNED
	A. BURIAL C		24			OR CREMATORY 24D. L	OCATION (City, tow	n, or county (State)
K	ON, REMOVAL (S	Cuana	7/22/	tal D	An	11. 11. 12	alyn Con	u-de
D	ATE RECEIVE	DBY REGISTRAR	S SIGNATURI	E	2	FUNERAL DIRECTOR	and the	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

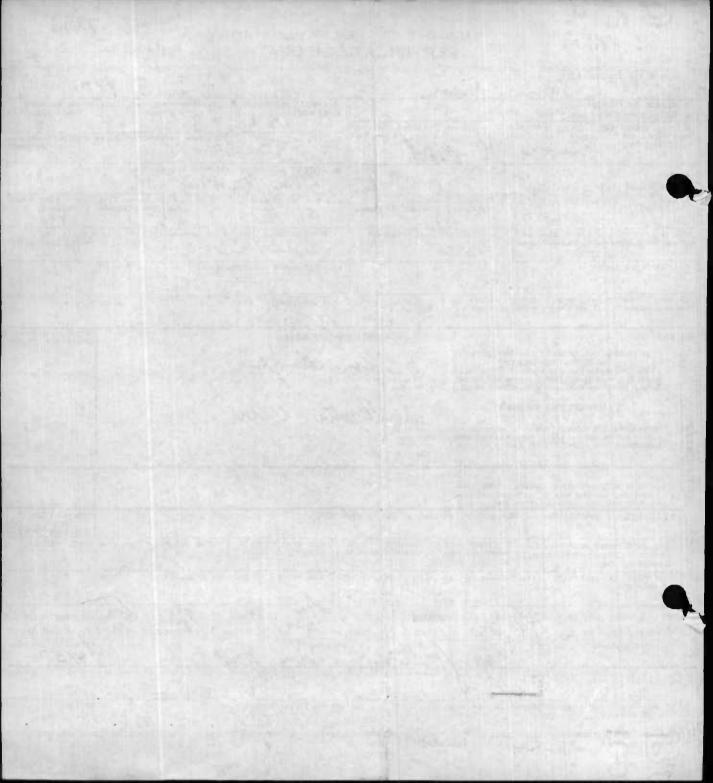
Registered No. 7352

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	0 20 10			2. DATE OF	
3. PLACE OF DEATH:	C. Diehl	, Ir,	4. USUAL RESIDENCE (Where deceased lived, If	nstitution: residence
A. Baltimore City, Maryland			A. STATE	B. COUNTY	before admission)
HOSPITAL OR		ion, give street address or location)	c, CITY OR TOWN (1)	outside corporate limit	s, write RURAL and give
NSTITUTION 046 Reister	stown Road	d.	Baltimore	78	township)
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimo	re	Mos. Days	5046 Reister	stown Road	
5. SEX 6. COLOR OR R		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year Il Under 24 Hours nths: Days Hours Min.
Male White	Marr:	ied	July 11, 1908	44	
10A. USUAL OCCUPATION (Give work done during most of working life, even if r		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	12 1 2 8 3		Maryland		
13. FATHER'S NAME		Shop	14. MOTHER'S MAIDEN N	AME	
Samuel C. Diehl,			Annie Wolf		
15. WAS DECEASED EVER IN U. S. / (Yes, no or unknown) (If yes, give war	RMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
No			Mrs Emma B. Mar	tin,4955 Edge	
18. 592X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDIT			HRONIC GLOME	0	4 MONTHS
(This does not mean the m heart failure, asthenia, etc. I	ode of dying, e. s	3., (A)	Mapie Oks/921	KOP NELLHIKII	73
injury or complication wh	ich caused death	.) DUE TO			
ANTECEDENT	CAUSES				
DISEASES OR CONDITION	DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE	(A) STATING TH	HE DUE TO			
S S S S S S S S S S S S S S S S S S S	LAST.	(C)	***************************************		
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH,					
OTHER SIGNIFICANT CO	NOT BUT NOT BELATE	4-	NONE		
O TO THE DISEASE OR COND	TION CAUSING I	Т			
19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UND	R- 218. PLA	ACE OF INJURY (e.g., in	or 21c, WHERE DID (If in Baltimore City, g	rive exact location)
21A. ACCIDENT WAS UNDI LYING OR CONTRIBUTIN CAUSE OF DEATH		farm, factory, street, office bldg., e			
D. TIME (Month) (Day) (FINJURY	,,	21E. INJURY OCCURRE WHILE AT NOT WHILE	ED. 21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that	m. (WORK LAT WORK	1052.	1114 Y 105	2
deceased alive on 106	l attended the	deceased from	red at 9:30 Am., from t	the equipped and on the	, that I last saw the
23A SIGNATURE	, 19				23c. DATE SIGNED
hannel L	em	м. р.	3B. ADDRESS/ Rucle	recount of	any 5/52
24A. BURIAL, CREMA- 24B. DA	TE	24c. NAME of CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
Burial 8/7/	52	. Lorraine	e Park Wo	odlawn. Md.	,
DATE RECEIVED BY REGISTRAR	MAR'S SIGNATI		25 FUNERAL DIRECTOR	1	ADDRESS AL
AUG 5 - 1952	ningloss	Turney 177	119 X copy trail	12/1/07	Toul X
VS 150		CUNYS	7 7		
		0443	TU 5 0		

A SET RELIEF COME TO SERVE THE RESERVE THE RESERVE THE PROPERTY OF THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Mos. LINKINK ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 65 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Weiskettel work done during most of working life, even if retired) WHAT COUNTRY? Foreman 13. FATHER'S NAME OIL BURNEY SERY 14. MOTHER'S MAIDEN NAME Katherine John W. Hearl 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yea, no or unknown) (If yea, giva war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. Katherine Voight same 18. INTERVAL BETWEEN CAUSE OF DEATH 40.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. RTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES C 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT m. WORK AT WORK 20, 19 52 , 1954 that I last saw the 22. I hereby certify that Mattended the deceased from. 1952 and that death occurred at 3 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 3. DATE SIGNED A4C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 245. LOCATION (City, town, or county) Baltimore, Md. Burial Oak Lawn DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Lilly & Zeiler . Inc. 403 S. Wolfe Str.



52 7354 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUAL RESIDENCE (Where deceased lived, If Natitution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or at the HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. WDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Glvekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL NTERVAL BETWEEN 18. 002 X CAUSE OF DEATH DNSET AND DEATH nonay tuberculo DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE

22. I hereby certify that I attended the deceased from

1952 to Club # , 195 Sthat I last saw the deceased alive on Chia H. 1953 and that death occurred at_ A.m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL M. D

24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

PETABLE OF THE LAND

1(2) 17 460	52 7355						
	HEALTH DEPARTMENT Registered No.						
BIRTH NO. 70 1/70 /							
1. NAME OF DECEASED (Type or Print)	ler DEATH Lug. 1, 1/5 2						
a. Baltimore City, Maryland	4. USUAN RESIDENCE (Where deceased live). If institution: residence a. STATE before admission						
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location							
INSTITUTION JOHNS HOPKINS HOSPITAL	Ballemore grande du						
Yrs. Mos	D. STREET ADDRESS (If peral, give location)						
c. ength of stay in Baltimore Days	4144 Dunmore VIC						
Imale White Single MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years lf Under I Year Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kied of ork done during most of working life, even if retired) None None	11 BIRTHILACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Mhu Holler	Detty plrich						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
18. 2 1/4 / CAUSE	OHNS HOPKINS HOSPITAE						
DISEASE OR CONDITION DIRECTLY	OF DEATH						
(This does not mean the mode of dying, e.g., (A)	ty dro caphalus anhumin						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES	ANTECEDENT CAUSES						
Z (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
(C)							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED	<u> </u>						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE							
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bids							
LYING OR CONTRIBUTING about home, farm, factory, street, office blds CAUSE OF DEATH	n,etc.) INJURY OCCUR?						
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR							
m. WHILE AT NOT WHIL	(
22. I hereby certify that I attended the deceased from 6	//8 1952, to 8 // , 1952, that I last saw th						
deceased alive on 1 , 1912, and that death och	urred at / Im., from the causes and on the date stated above						
Don' Queen M.D.	238. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED						
	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS						
MIG 5 - 1952 Turtington Williams My	Harrish Withte 41.01 Edmondson A						
VS 150	N S S S						
11							

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(2)	~ 0
C 52	7356
BIRTH NO. 13	- 255

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7356 Registered No.

-	RIH NO.					
(7	ype or Print) Rokman	Ida A.		of DEATH Aug . 3/	52	
	PLACE OF DEATH: Baltimore City, Maryland	Baltimore City	4. USUAL RESIDENCE (V		itution: residence before admission)	
53.		al or institution, give street address or location)		na Botto	mi File	
IN	ISTITUTION .	reneral Hospital	Baltimo	outside corporate limits, w	Road ship)	
7		C.C. Yrs. Mos.	110.00	rural, give location)	1251	
5	ength of stay in Baltimore SEX 6.COLOR OR RACE	Days		V	or 1 Year It Under 24 Hours	
	FW	WIDOWED SIVORCED (Specify)	Jaly 24-4	last birthday) Months	s Days Hours Min.	
	A. USUAL OCCUPATION (Give kind of the dope during most of working life, even If retired)	INDUSTRY		oreign country) 12.	CITIZEN OF WHAT COUNTRY?	
17	B. FATHER'S NAME	Nonc	Mary la no	7	USA.	
	Gilbert Keck		Mar + Slin	ik man		
	5. WAS DECEASED EVER IN U. S. ARMED s. no or pulnown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	William Buch &	7711 4202 h	11 10 1	
	18. 443 X.	CAUSE	OF DEATH		INTERV L BETWEEN	
	DISEASE OR CONDITION	DIRECTLY	hra (Homore	200	1	
	(This does not mean the mode of heart failure, asthenia, etc. It mean	dying, c. g., (A)	bral Hzmorri	rage	14 hours	
	injury or complication which caused death.) DUE TO					
7	ANTECEDENT CAUS	Arlivi	osclarotic Cardiov	ascular Dissax	20 years	
0	DISEASES OR CONDITIONS, IF	***************************************				
CA.	UNDERLYING CONDITION LA	ST.	4. March			
F	11	(C) (T	pertensi184			
ER	OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT		MELICAT			
U	19A. DATE OF OPERATION 19		RATION		20. AUTOPSY?	
AL	0				YES NO NO	
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	If in Baltimore City, give	exact location)	
Σ	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
L	INJUNI	m. WHILE AT NOT WHILE				
	22. I hereby certify that I att		c 2 19.32 to	Ang 3 , 1952, ti	hat I last saw the	
		, 1952, and that death occur	rred at m., from t	he causes and on the c		
	La SIGNATURE LA BALLA		evaryland General	Haspital 1	TUL3.115Z	
2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town, or o	courly) (State)	
-	on REMOVAL (Specify) Aug. 7/52	Loudon Pk.		timore, Md.		
	ATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25 FUNERAL DIRECTOR	ed AL	DDRESS	
AL	1G 5 - 1952 Thingson	Valuatus My	tarry H. Whip	Ke 4101 -dmor	ndson Ave	

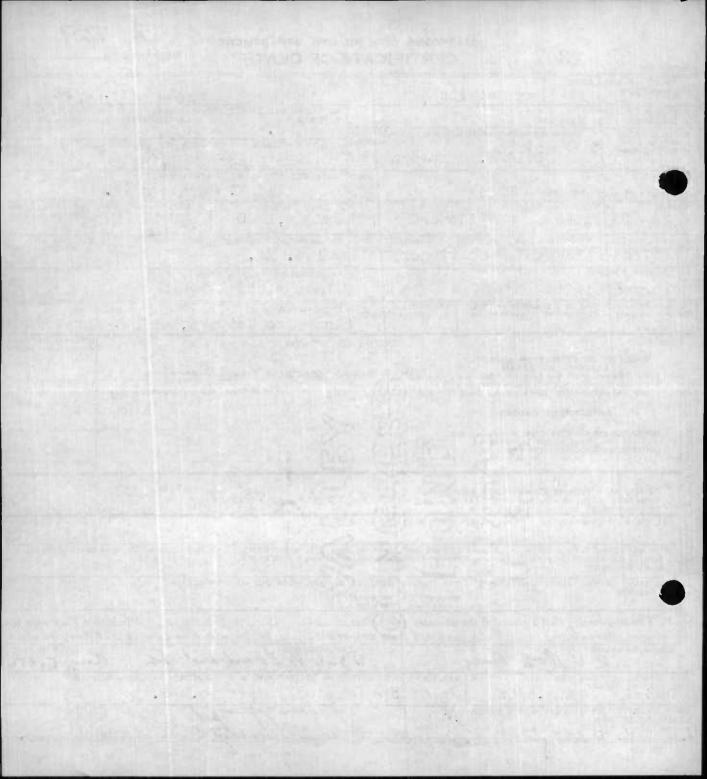
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BALTIMORE CITY HEALTH DEPARTMENT

52 7357

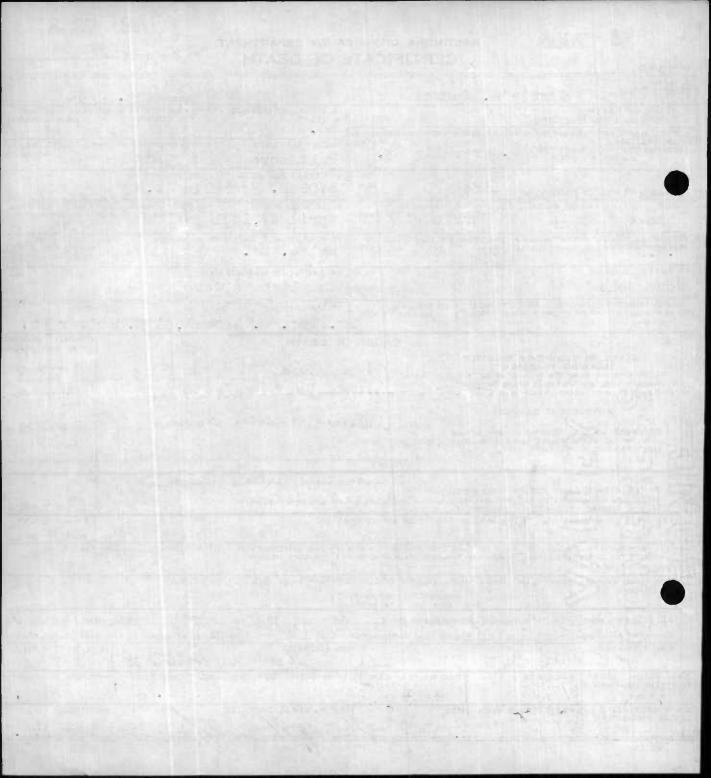
Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Aug. 3/52 Max Geiwitz DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1414 W. Saratoga St Baltimore D. STREET ADDRESS (If rural, give location) 1414 W. Saratoga St. Length of stay in Baltimore Life Days 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIPOWED BHORCED (Specify) July 9,1869 Male 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Stationer work done during most of working life, even if retired) WHAT COUNTRY? Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Dietz George Geiwitz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO liss Else Geiwitz. 1414 W. Saratoga S INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY arterio seleso tre Carolis. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! 22. I hereby certify that I attended the deceased from July 30, 1957, to any v, 1957, that I last saw the deceased alive on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED Combard 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BULL 31 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Balto. Md. Baltimore Cemetery Aug. 6/52 DATE RECEIVED BY REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT

52 7358

CERTIFICATE OF DEATH Registered No					
1. NAME OF DECEASED (Type or Print) Carrie A. Bessel	2. date of death Aug. 3/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; respectively. STATE B. COUNTY before	sidence admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3709 7. Franklin St.	4	L and give township)			
ength of stay in Baltimore Life Yrs. Mos. Days	3709 W. Franklin St.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WINDOWS DAVORCED (Specify	8. DATE OF BIRTH 19. AGE (In years) If Under I Year 1 If I	Under 24 Hours ours Min.			
10a. USUAL OCCUPATION (Give kind of OSB. KIND OF BUSINESS OR Workdome uring most of working life, even if retired) OWN Home INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Id. WHAT C	OF OUNTRY?			
13. FATHER'S NAME John Cole	14. MOTHER'S MAIDEN NAME Caroline Snyder				
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Geo. J. Bessel, 41 N. Culver	St.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Aroneghronic 2. This Concinous 3	BETWEEN ND DEATH			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	ralized arterios claracio	~ O2)			
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUT	TOPSY1			
U 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact local, etc.) INJURY OCCUR?	tion)			
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY WHILE AT WORK AT WORK	E 📑				
deccased alive on and that death occur	23B. ADDRESS 4 OV N. Iteltou St 23C. DATE 8/5 ERY OR CREMATORY 24D. LOCATION (City, town, or county)	ed above.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR INLINGION VALIBURS, MYS. VS. 180	23. FUNERAL DIRECTOR ADDRESS Anny Luis 1201 Edmondson	Ave.			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Albrecht DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) Fla. B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION New Port Richev Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2 days River Bend Trailor Village ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | Winder I Year | H Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Widower April 1883 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albrecht Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO. Harry Smith 4022 Edmondson INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hyperteusive Arterioschendia Cartiounscalar Discase LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.)

UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 24D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED

WORK

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21F. HOW, DID INJURY OCCUR?

23B, CHIEF MEDICAL EXAMINER

22. I cortify that I took charge of the remains described above, held an utopsy thereon and from Autopsy, Inspection or inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

234. SIGNATURE 24A. BURIAL. CREMA-

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

> ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

JION, REMOVAL (Specify) Loudon Park Crematory, Balto. remation 52 DATE RECEIVED BY

REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. PUNERAL DIRECTOR

ADDRESS

20. AUTOPSY

YES

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W U

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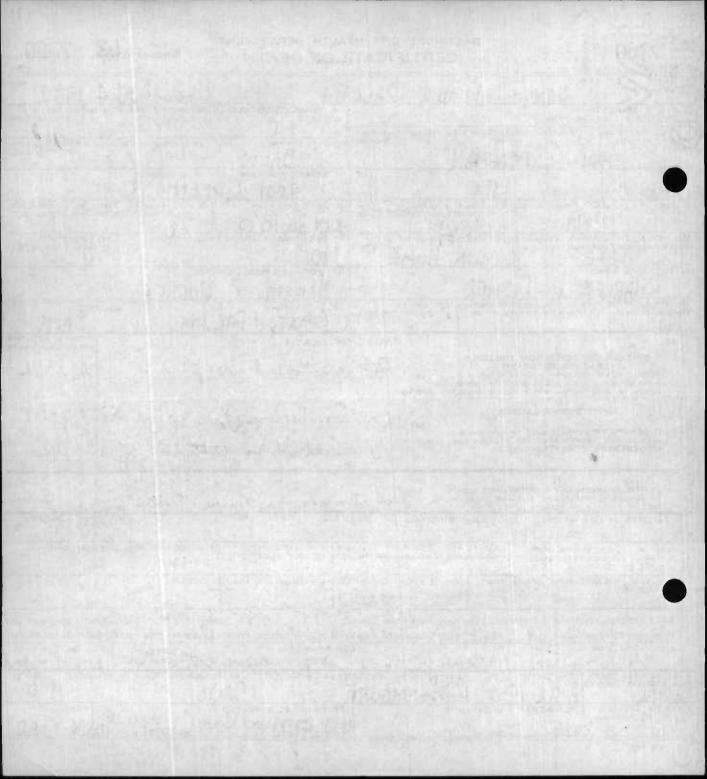
OF INJURY

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 7360

BIRTH NO.	L OF BEATH
1. NAME OF DECEASED NANNIE FISHER DALL	AM 2. DATE OF DEATH AUG. 4, 1951
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, It institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate lights, write RUMAL and give
4001 GREENWAY	BALTO. township)
c. Length of stay in Baltimore LIFE Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours
F WHITE WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	last birthday) Months Days Hours Min. 11. BIRTHPHACE (State or foreign country) 12. CITIZEN OF
work dooeduring most of working life, even if retired)	MO. WHAT COUNTRY?
CHARLES D. FISHER	NANNIE P. DORSEY
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No Security	C. BRAXTON VALLAM SAME
18. 200.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND GEATH	
DISEASE OR CONDITION DIRECTLY	1 1 10
(This does not mean the mode of dying, e.g.,	operatorelat peopleson 4 houtes.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	purity we begins saw 3 years
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., I	nor 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, onice bldg., etc.) INJURY OCCURY CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) INJURY MHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 15, 1949 to Guyant 4, 1957, that I last saw the	
deceased alive on . 4, 1952, and that death occurred at 8 2 Am., from the causes and on the date stated above.	
	38. ADDRESS 23c. DATE SIGNED
Mostrofin Heroful M. D.	214 hadreal bell pulling august 4,1952
24A. BURIAL, CREMA- TION, REMOVAL (Specify) AUG. 6, 1951 GPFNMOUNT	RY OR CREMATORY 24b. LOCATION (City, to n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	
AUG 5 - 1952 Houtington WHI THE IN. JENKING & SONS CO. 4105 YORK KOAD	
VS 150	



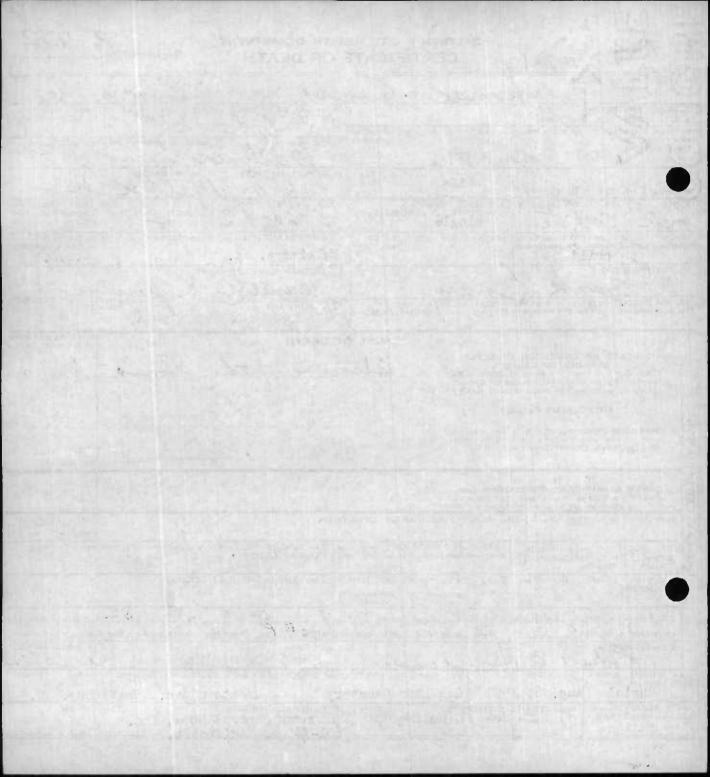
65	52
BIRTH	7361

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 7361

1. NAME OF DECEASED	
(Type or Print) / EICE Lansdale DIM	stock 2. DATE OUG 3 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission)
B, FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Tudor Gamsapt 119WUniversity Ruy.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours Min.
10A. UŞUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work denoduring most of working tiff, even if retired) INDUSTRY	Balto Dod WHAT POUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Morrow dansdale	Dettie Willia
(Yes, no or unknown) (4 yes rive wat godates of service) SECURITY NO.	17. INFORMANT ADDRESS
yes MMY	hiss douise M Lansdate () ame
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,	uma - over with 1 + 30.
heart failure, asthenia, ctc. It means the disease	
ANTECEDENT CAUSES	usine metalataris
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
<u>o</u> (c)	
F	
OTHER SIGNIFICANT CONDITIONS CON-	Vone
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERA	Vone ATION 20, AUTOPSY?
TO THE OISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. M	de YES NO X
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	or 2/c. WHERE DID (If in Baltimore City, give exact location)
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, 1NJURY OCCURRE	or 2/c. WHERE DID (If in Baltimore City, give exact location)
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19a, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, et al. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg, et al.) 21c. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	or 2/C. WHERE DID (If in Baltimore City, give exact location) D 2/F. HOW DID INJURY OCCUR?
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OFOPERATION 19B. MAJOR FINDINGS OF OPER 19A, DATE OFOPERATION 29B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY 22. I hereby certify that I attended the deceased from 19A	or 2/c. WHERE DID (If in Baltimore City, give exact location) D 2/f. HOW DID INJURY OCCUR? 1952, to fully 3/ , 1952, that I last saw the
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OFOPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY 22. I hereby certify that I attended the deceased from 1 deceased alive on 1 19 52, and that death occurrence.	or 2/c. WHERE DID (If in Baltimore City, give exact location) D 21F. HOW DID INJURY OCCUR? 1952, to full 3/ , 1952, that I last saw the red at 25 m., from the causes and on the date stated above.
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OFOPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY 22. I hereby certify that I attended the deceased from 1 deceased alive on 1 19 52, and that death occurrence.	or 2/c. WHERE DID (If in Baltimore City, give exact location) D 2/f. HOW DID INJURY OCCUR? 1952, to fully 3/ , 1952, that I last saw the
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OFOPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY 22. I hereby certify that I attended the deceased from 1 deceased alive on 1 deceased 1, 19 52, and that death occurre 23A. SIGNATURE 25. I have by certify that I attended the deceased from 1 deceased alive on 1 deceased 1, 19 52, and that death occurre 23A. SIGNATURE 22.	or 2/c. WHERE DID (If in Baltimore City, give exact location) D 21F. HOW DID INJURY OCCUR? D 3/ 1952, to full 3/ 1952, that I last saw the red at 25 mm., from the causes and on the date, stated above. B ADDRESS 3/4/52
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 21B, DATE 19A, DATE OF OPERATION 21B, DATE 19A, DATE 19A	or 2/C. WHERE DID (If in Baltimore City, give exact location) D 21F. HOW DID INJURY OCCUR? D 3/ , 1952, to 4/3/ , 1952, that I last saw the red at 25 h m., from the causes and on the date stated above. By ADDRESS BUY DA GREMATORY 240 OCCATION (City, town, or county) (State)
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 21B, DATE 19A, DATE OF OPERATION 21B, DATE 19A, DATE 19A	or 2/c. WHERE DID (If in Baltimore City, give exact location) D 21F. HOW DID INJURY OCCUR? D 3/ 1952, to full 3/ 1952, that I last saw the red at 25 mm., from the causes and on the date, stated above. B ADDRESS 3/4/52
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A, DATE OFOPERATION 19B, MAJOR FINDINGS OF OPER 19A, DATE OFOPERATION 19B, MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE INJURY 22. I hereby certify that I attended the deceased from 14A deceased alive on 24B. DATE 24A. BURISL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION REMOVAL Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE.	or 2/C. WHERE DID (If in Baltimore City, give exact location) D 21F. HOW DID INJURY OCCUR? D 3/ , 1952, to 4/3/ , 1952, that I last saw the red at 25 h m., from the causes and on the date stated above. By ADDRESS BUY DA GREMATORY 240 OCCATION (City, town, or county) (State)

A. Santand affix 1 Pm mon.

560 2 7362 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	2 7362
1. NAME OF DECEASED (1) A COUNTY OF Print)	1 9-2
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE DEATH-WILL DEATH-WILL DEATH-WILL A. STATE B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION JOHNS HOPKINS HOSPITAL C. CITYLOR TOWN (If outside corporate limits, or location)	write BOLAL and give
Yrs. O. STREET ADDRESS (Granal, give location)	1.0
5. SEX 6. COLOR OF RACE 7. SINOLE, MARRIED. 8 DATE OF BIRTH 9. AGE (In years) 1 United States 1 United State	der 1 Year If Under 24 Hours hs; Days Hours : Min.
male While single 20-40 4	2. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY Baltimore, Md.	WHAT COUNTRY?
13. FATHER'S NAME () 12. MOTHER'S MAIDEN NAME () Servery	ier
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16 SOCIAL SECURITY NO. JOHNS HOPKINS HOSPITAL	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	INTERVAL BETWEEN ONSET AND GEATH
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office hidg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office hidg., etc.) 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office hidg., etc.)	e exact location)
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
	that I last saw the date stated above.
23A. SIGNATURE 23B. ADDRESS JOHNS HOPKINS HOSPITAL	aua.3,52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Aug. 6, 1952 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or Eastern Ave., Balti	V
	DDRESS
Vs 150	

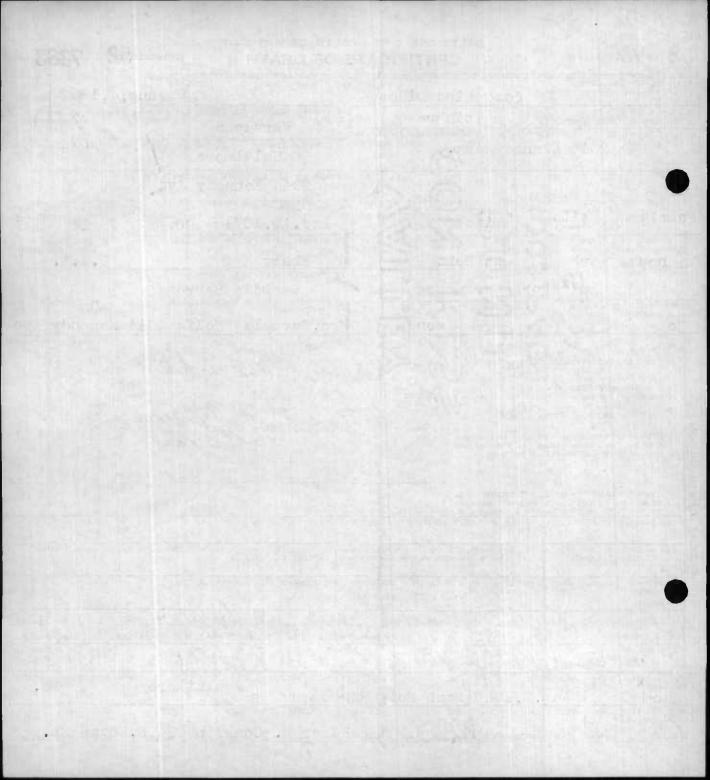


52 7363

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3. 7263

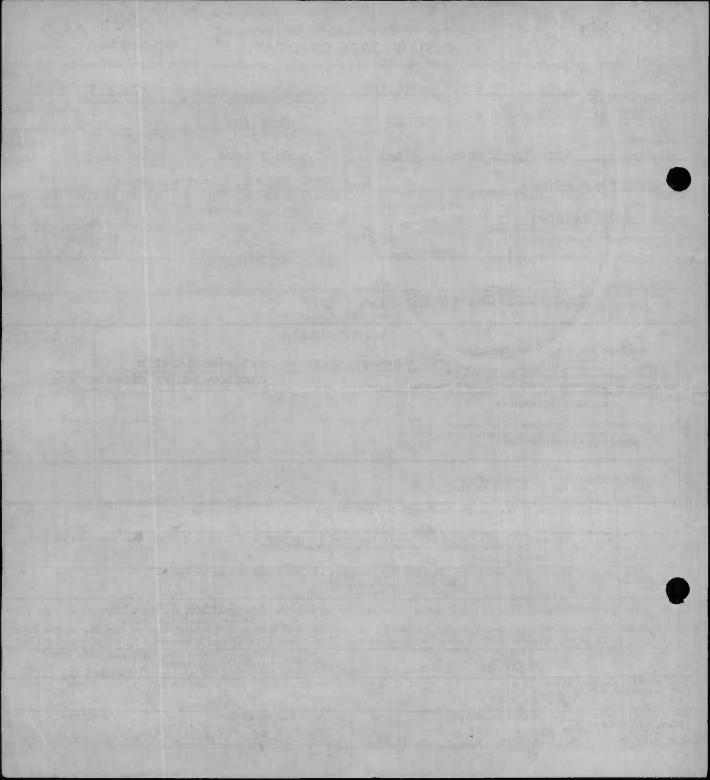
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	Joseph	ine DiRosa		2. DATE OF DEATH AUG	4,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE (WA. STATE Maryland	There deceased lived, I	
LIOCDITAL OD	Kennedy Ave	location)	c. CITY OR TOWN (If Baltimo		its, write RORAL and give township)
c. Length of stay in Balt	imore	75 - Yrs. Mos. Days	2044 Kenne		
Female White	RACE 7. SINGLE	E, MARRIED. (ED. DIVORCED (Specify) WEQ	Dec.13,1871	9. AGE (In years last birthday) N	H Under 1 Year N Under 24 Hours Ionths Days Hours Min.
10A. USUAL OCCUPATION (ork done during most of working life, eve house work		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Italy	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	atore Cara	200	14. MOTHER'S MAIDEN N. Carmela E		
			Oal meta i	par Tolla	
15. WAS DECEASED EVER IN U Yes, no or unknown) (If yes, give	S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		none	Mrs.Carmela N	Melfa 2044	Kennedy Ave
DISEASES OR CONDI	which caused death NT CAUSES TIONS, IF ANY, GIVIN AUSE (A) STATING TH ITION LAST. I T CONDITIONS CON ATH, BUT NOT RELATI	_(C)	rouie Myse. tensselerotie	Cardiovas esease.	eolir
19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
<u> </u>					YES NO
21A. ACCIDENT, SUICID HOMICIDE (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
D. TIME (Month) (Da		WHILE AT OCCURR WORK NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
22. I hereby certify th			W. 12, 1951, to	/	that I last saw the
deceased alive on Cu	195/	and that death occur	rred at 91 Am., from t	he causes and on	the date stated above.
23a. SIGNATURE	lismolf	MLD. M.D.	1331 E NO	th are:	8.5.52.
TION, REMOVAL (Specify) Burial A	ug.7,1952	24c. NAME OF CEMETE Most Holy Re	edeemer Ba	ocation (City, tow altimore	IVIQ •
DATE RECEIVED BY REC	SISTRAR'S SIGNATU	JRE	25. FUNERAL DIRECTOR	The second second	ADDRESS
AUG 5 - 1952 +	untington /	Higus MSP	Elmer W. Conkl	lin 924 E.	Eager St.
VS 150	1111	5	0 7 3 6		



160101 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Baby Boy- Finney- LaNos DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore City Hospital cocation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, wifte RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1833 E. Chase St. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Il Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months Days Negro Hours Min. Single June 15, 1952 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mda 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leon Finney LaNce Dones 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Life Prematuri av (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from June 15 . 1952 to June 15 , 152, that I last saw the deceased alive on June 15, 19 52, and that death occurred at 7.15 from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. 24A. BURIAL, CREMA-TION DEMOVAL (Specify) 44C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE 4940 Eastern Ave. B. C. H. Crematery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150

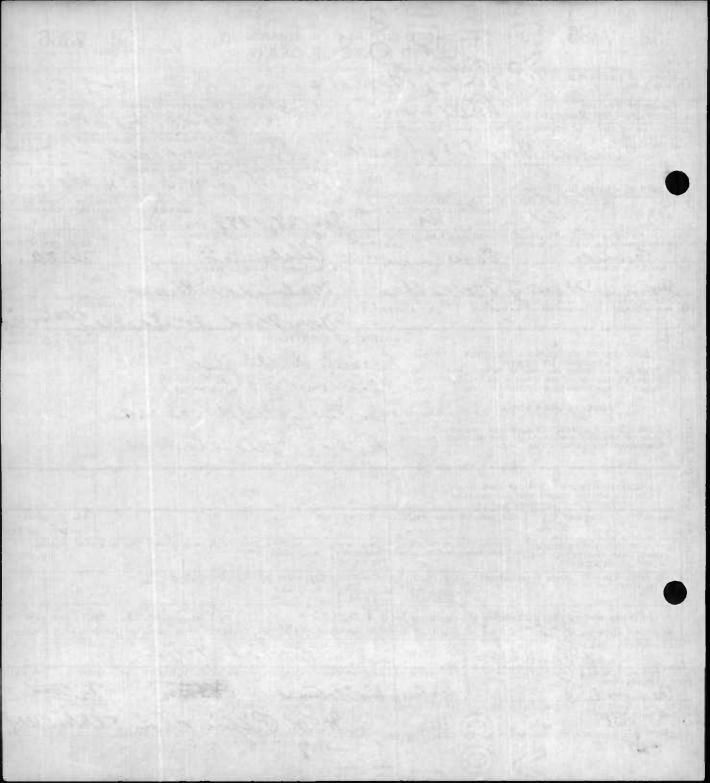
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	and out! was made.		2
- Name of the second			

52 7365 W-45 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF FRANCIS WILLIAMS DEATH July 31 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) "I not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 2340 W. Loretta Avenue Days 6. COLOR OR RACE 5. SEX 9. AGE (In years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIOOWEO, OIVORCED (Specify) male colored manie 5 10A. USUAL OCCUPATION (Givekindof) BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Xaborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ~k 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 1天. INFORMANT ADDRESS A346 (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive and arteriosclerotic (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, cardiovascular disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY CAL NO 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I accident [], suicide [], homicide [], undetermined []. 23A, SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY LQCATION (City, town, or county) TION, REMOVAL (Specify) SURIA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRE ADDRESS 32 G 5 - 1952 churedo VS 151

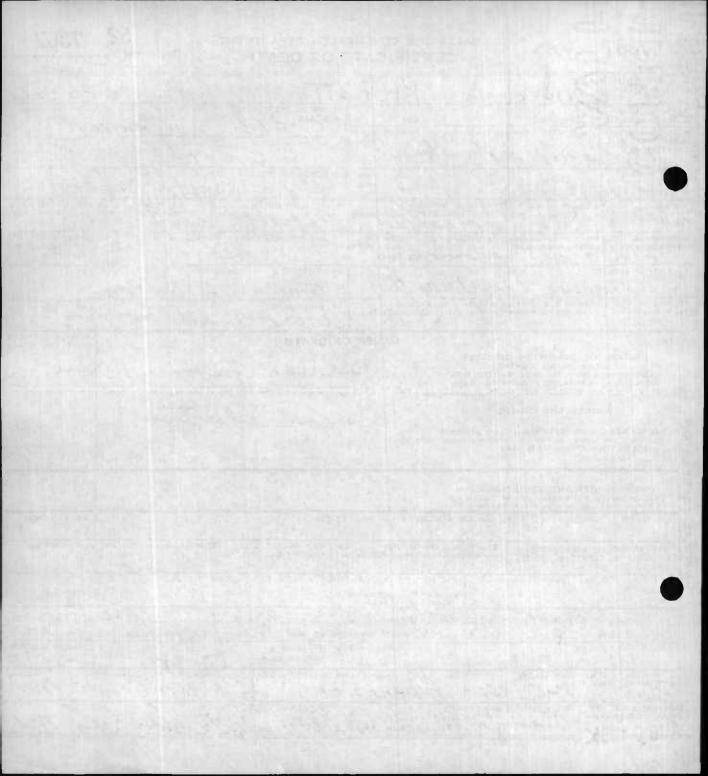


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 8-5-52 (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 4 four admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR JOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. Mos. Ollingsworth MA ngth of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under 1 Year 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. 11. BORTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Olelezed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL os, no or unknown) SECURITY NO. 18. 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Seedles Alath Mile LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) RH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from \$ -3-52 _. that I last saw the 195 and that death occurred at M. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 248. DATE Hemoral DATE RECEIVED BY REGISTRAR'S SIGNATURE 6645 BE 1952AR

VS 150



52	736	7	BAI		EALTH DEPARTME		52	7367
	RTH NO.			CERTIFICATI	E OF DEATH	Regist	tered No.	
	NAME OF D ype or Print)	Olive	r B.	Pick	ett	2. DATE OF DEATH	8	-5-52
A.		City, Maryland			4. USUAL RESIDENCE	E (Where deceased B, CO)		itution: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	Unive	. /	ion, give street address or location)	C. CITY OF TOWN		ate limits, w	rite RURAL and give township)
C.	Length of s	tay in Baltimore		3 Wes. Days	P.D. G	Urs fm		ten
5.	SEX	white		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 7-21-1888	9. AGE (In) last birthe	vears if Unda Months	Days Hours Min.
work	done during most of	CUPATION (Give kind of working life, even if retire COPPR	SP/E	INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN OF
		MARCUS L	0.4.0	icke Hinst.	Emily	WIND	544	
15 (Yes	, was decease , no or naknown)	D EVER IN U.S. ARM (If yes, give war or d	IED FORCES? ates of service)	SECURITY NO.	CORA E-O	Pickett	Westin	ness ter
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	DE OR CONDITION DE OR CONDITION LEADING TO DE not mean the mod re, asthenia, etc. It n complication which ANTECEDENT CA GOR CONDITIONS HE ABOVE CAUSE (VING CONDITION	ATH of dying, e. g eans the diseas caused death USES , IF ANY, GIVIN A) STATING TE	(B) (B)	rdiae	faction	conge	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITI	T NOT RELATE	.0				
		F OPERATION		FINDINGS OF OPER	ATION			20. AUTOPSY?
EDICAL		ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore	e City, give	exact location)
Σ	o. TIME (injury	Month) (Day) (Ye		21E. INJURY OCCURRI	ED 21F. HOW DID IN	JURY OCCUR?		
		y certify that I o			2 , 1954 to			hat I last saw the
a	deceased al		, 1956,		red at 4.50/m., fro	the causes and		ate stated above. 3c. DATE SIGNED "52
2.4 TIC	A. BURIAL, ON REMOVAL (S	REMA- 24B. DATE pecify)	1952	EDENEZ		APPO /	ty, town, or o	county) (State)
	TE RECEIVED		R'S SIGNATI	Williams MD	25: FUNERAL DIRECT	OR (1)	in he	Ed. Md.
	VS 150	332	0	1554	24	0	7	

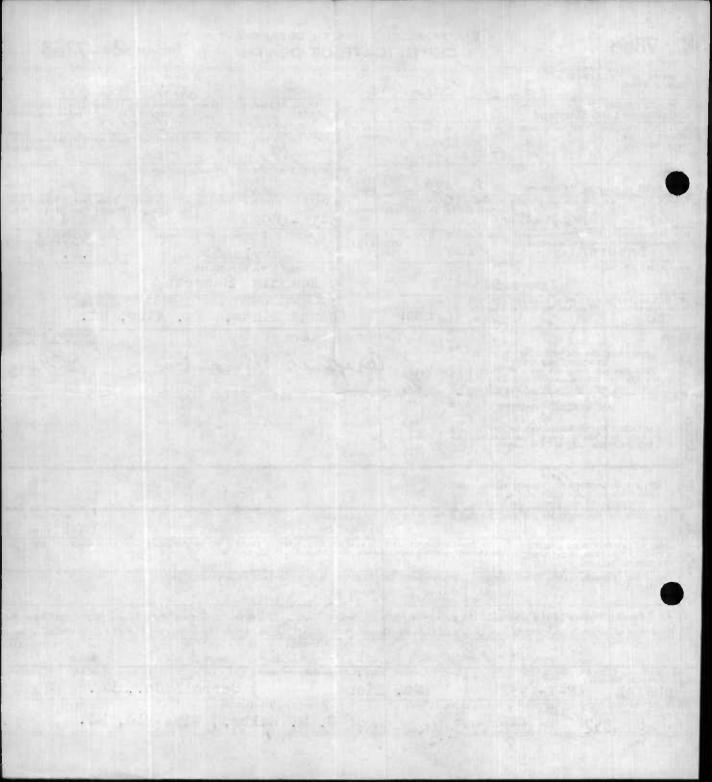


5 20 2 7368 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register No. 7368

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Lloyd Simms	2. DATE Aug 4,52
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If Institution; residence A. STATE B. COUNTY before admission)
INSTITUTION UNIV. HOSP.	Mt. AIT 4 township)
ength of stay in Baltimore 2 days Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years It linder Year If linder 24 Hours
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR OR LABORET DAY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
James Simms	14. MOTHER'S MAIDEN NAME Edmonia Bennett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO. NONE	Hanna Simms, Mt. Airy, Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	spral Humbosis 2 days
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on Ang 4, 19 52 and that death occu	ree at 530 pm., from the carses and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA-] 24B. DATE- 24C. NAME OF CEMETE	Wnir. 405P. Aug H,52 ERY - CREMITORY 240. LOCATION (City, town, or county) (State)
BURIAK 8-7-1952 Mt. Zion	n Carroll Co., Md.
AUG 6 = 1952 Huntington Williams Mo	C. M. Weltz, Winfield, Md.
vs 150	99

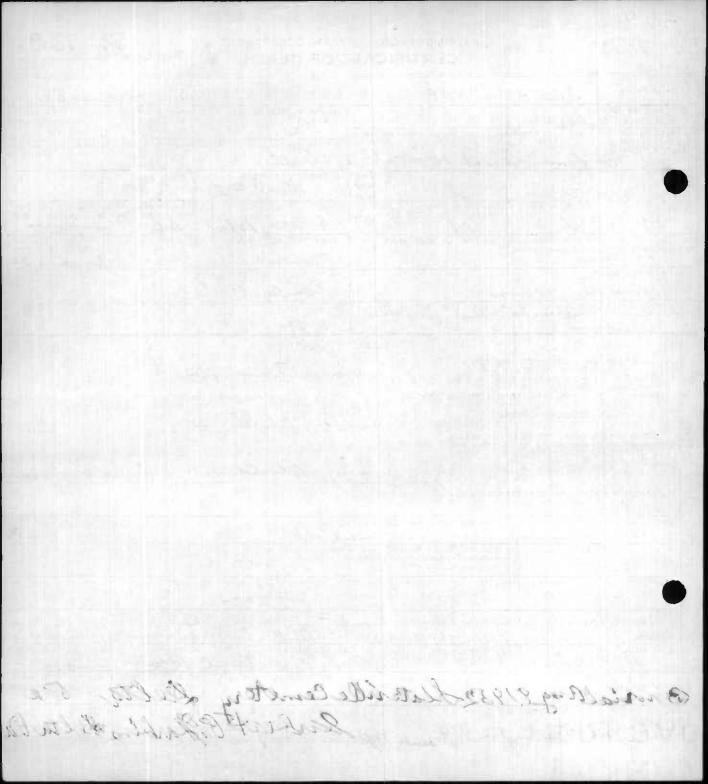


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52	7369
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

52	7369
egistered No_	1000

В	RTH NO.			CERTIFICAT	E OF DEATH	Aregistered In	
1.	NAME OF D Type or Print)	JESSE	WAY	NE		2. DATE OF DEATH 6	Rug 52
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (W		nstitution: residence before admission)
В.	FULL NAME OSPITAL OR		tal or institut	ion, give street address or	Pa.	V-3.	5
	STITUTION		n.	location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
		ray and	Rocal	Yes:	D. STREET_ADDRESS (If	rural give location)	
		stay in Baltimore	0	2 Mos. Days	R. 10 # 2		
5	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)	6 may 1886	9. AGE (In years last birthday) Mon	ths Days Hours Min.
WOL	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR	11. BIRTHPLAGE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	gar	men	10	INDOOTK!	md.		2merical
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
	James	ort. Wa	me		Comely !		
(Y	no or unknown)	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
_	un	hour		-	wife		
	18. 18/	'X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	1-0	. 7 .	1 *	
	(This doe	s not mean the mode ure, asthenia, etc. It me	of dying, e. s	g., (A) Care	ensmals and	glee "	
	injury or	complication which	caused death	n.) DUE TO			
		ANTECEDENT CAU	SES	1.	4		
Z	DISEASE	S OR CONDITIONS,	IF ANY CIVIN	(B)	elay Carlenon	-W -M	
Ĕ	RISE TO	THE ABOVE CAUSE (A)	STATING TH			U	
FICA	ONDERL	TING CONDITION 2.	ASI.	100	in Bladder		2 "
F		II		(c) www	y sodde		o yro.
ERTI		SIGNIFICANT COND					
CE	TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION	N CAUSING I	IT	***************************************		
7	19A, DATE (. 10	98. MAJOR	FINDINGS OF OPER	4 90 AA.		20. AUTOPSY?
EDICA	21A. ACCID	ENT. SUICIDE.	218. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	If in Baltimore City, gi	ve exact location)
	HOMICIDE	(Specify)		farm, factory, street, office bldg			
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	Y OCCUR?	
	YAUCAI		m.	WHILE AT NOT WHILE AT WORK			
	22. I herel	by certify that I at			8/4 , 1952, 10		that I last saw the
deceased alive on 8/5, and that death occurred at 435 Am., from the causes and on the date stated about				date stated above.			
	23A. SIGN	Muther	m. D	2. M. D. 3	Nayland Gener	l Hesphil	6 lug Siz
ZI TI	4A. BORIAL,		100	24C. NAME OF CEMETE	RY OF CREMATORY, 24D. L	OCATION (City, town, o	or county) (State)
5	ATE RECEIVE	D BY RECUSTRAR	S SIGNATI	reactive	25 EUNERAL DIRECTOR	gering	ADDRESS (
L	AUG 6 -	952 H	to U	/H.	Subest (Proposition Starten	Selta Pa
	VS 150	,,	1	POLICE TO A PARTY OF THE PARTY	0 1 3	A. L. T.	



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2	7370	
2.00	1 44	

	52	חנייבני
egistered	No.	1010

2	7370)				OF DEATH		stered No	2 7370
В	IRTH NO.			CERTIFICA	1 =	OF DEATH	1	200104 110	
	NAME OF D Type or Print)	ECEASED WILLIAM	ERIC K	UBITZ			2. DATE OF DEATH	Augu	st 4, 1952
	Baltimore (EATH: City, Maryland				4. USUAL RESIDENCE A. STATE Florid	(Where decease		
H	n. FULL NAME OF (If not in hospital or institution, give street address dospital or NSTITUTION Hospital Street Wyman Pk. Drive & Sist Street					C. CITY OR TOWN		orate limits,	write RURAL and give township
C		tay in Baltimore	?	Yr. Mo Da	s.	D. STREET ADDRESS (2270-	If rural, give loo 7th Avenu		Street
5	. sex	6.COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. VED. DIVORCED (Spec MATTION		8. DATE OF BIRTH 12/16/98	9. AGE (In last birt	years II Un hday) Mont	hs Days Hours Min.
10 wor	Master	CUPATION (Give kind of of working life, even if retired)	108. KIND Seaf	INDUST		11. BIRTHPLACE (State or Va.	foreign country	у) 1:	2. CITIZEN OF WHAT COUNTRY
13	Otto	NAME Kubitz				14. MOTHER'S MAIDEN Julia Harve			
15 (Ye	5. WAS DECEAS. es, no or uoknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO	.	17. INFORMANT Records- US	PHS Hospi	ital, B	oress alto, Md.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CON-						ght	8 mos.	
	TO THE D	S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1	CAUSING 1		ERA	TION			20. AUTOPSY?
S									YES X NO
MEDICAL						e exact location)			
	22. I hereb deceased a 23A. SIGNA J.A. Hu	TURE /	ended the	deceased from and that death oc	Aug curr	10	the causes a	and on the	that I last saw th date stated above 23c. DATE SIGNED 8/11/52
2	4A. BURIAL, ON, REMOVAL (S			711 01	_	Y OR CREMATORY 240.			county) (State)
70	ATE RECEIVE	8/7/52 D BY REGISTRAR	s signatu	Balto Nat		25. FUNERAL DIRECTOR	Sous In		ADDRESS MA
-	VS 150		0	240	3	5			

ordinated to meet to the comments. . Constant of the Ellis Little Constant

416 52 7371 BIRTH NO.	BALTIMORE CITY HE		Registered No.	2 7371
1. NAME OF DECEASED TORA	5/hB	ERMAN	2. DATE OF B-	5-52
A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	here deceased lived, If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION 3366 Pate	nstitution, give street address or location)		outside corporate limits	vrite PURAL (ind give township)
ngth of stay in Baltimore	60 Mos.	3306 Da	reral, give location)	ave
Temale White ?	INGLE, MARRIED,	8. DATE OF BIRTH		Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fo	oreign country) 12	. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give wer or dates of ser	ces? 16. SOCIAL SECURITY NO.	MINFORMANT JEOURGE JAN	berman -	dama_
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyinheart failure, asthenia, etc. It means the injury or complication which caused	CTLY og, e. g., disease,	of DEATH reboal Throm	Lesis	INTERVAL BETWEEN ONSET AND DEATH
Z DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	(B)9 (acres axto	-1,5-1-0053	1570010
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUSE	RELATED			
19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	B. PLACE OF INJURY (e. g., in thome, farm, factory, atreet, office bldg., e		f in Baltimore City, give	1

21F. HOW DID INJURY OCCUR?

21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from , 19 5. and that death occurred at deceased alive on 6 (5 23A. SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour)

NOT WHILE

23B. ADDRESS 2324

25. FUNERAL DIRECTOR

m., from the causes and on the date stated above. 23c. DATE SIGNED

NAME OF CEMETERY OR

8/6 152 (State)

BURIAL, CREMA- 248. DATE

m.

CREMATORY

24D. LOCKDON (City, town, or county)

, 1952, that I last saw the

DATE RECEIVED BY

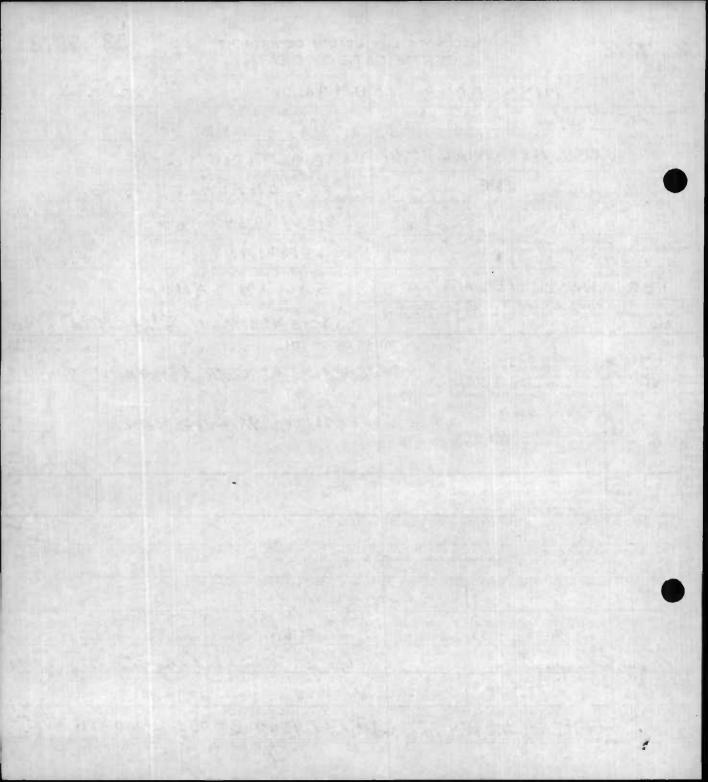
VS 150

ADDRESS

Jule Entous

524 2272

CERTIFICATI	F OF DEATH Registered No.				
BIRTH NO.					
1. NAME OF DECEASED MISS ROSA NEU	MANN OF STATE				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission MARYLAND				
INSTITUTION UNION MEMORIAL HOSPITAL	C. CITY OR TOWN (If outside corporate Maits, rite RURAL and given BALTIMOR E -17) D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore 16 Mos. Days	903 CHAUNCEY AVE.				
5. SEX F 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days Hours Min.				
10A. USUAL OCCUPATION (GivekInd of rork done during most of working life, even if retired) NONE 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GERMANY 12. CITIZEN OF WHAT COUNTRY U.S.A.				
FERDINAND NEUMANN	SARAH SAMUEL				
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO.	JACOB NEUMANN OLD COURT POAD PIKESVILLE -8, MD				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	FRALIZED ARTERIOSCIEROSIS				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death					
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. INJURY WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 7-26, 1952, to 8-5, 1953, that I le deceased alive on 8-5, 1952, and that death occurred at 5:16 Am., from the causes and on the date ste					
234 GRATURE . M. D. 2	38. ADDRESS Minon Memorial Hospital They 5. 1952				
TION EU 7,1952 Oheb Shalom C					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				



5	CERTIFICATE CORRECTED BALTIMORE CITY H CERTIFICAT	Oct. 2 1052 EALTH DEPARTMENTS Registered No.	7373
1.	NAME OF DECEASED (ype or Print) OPAL JENETTE HAR	DESTY 2. DATE AUG. 1	4, 1952
Α,	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence e before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL FOR THE location ISTITUTION OF MARULAND		write RURAL and give township)
	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	5300
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH 9. AGE (In years) #1	nder I Year If Under 24 Hours ths Days Hours Min.
TO WOR	A. USUAL OCCUPATION (Give kind of k done during most of working life, eyen if retred) 1005 FWIFE - COPH 3 4 104 TOPE		WHAT COUNTRY?
13	MILTON KEENE	14. MOTHER'S MAIDEN NAME LEEN	
(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service) NKNOWN 16. SOCIAL SECURITY NO. 214-30-7256	ELAFTER HARDESTY AS	258 Rshwood
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, his invariant complication, which would death,	OF DEATH PHALITYSX CAUSE X JULKWO WWK. Chopmeumonia and metabolic imbulate to hypopotassemia	INTERVAL BETWEEN ONSET AND DEATH
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	cious vomiting of pregnancy	\$4115
CERTIF	OTHER SIGNIFICANT CONDITIONS CON-	MESTS X GRAVIDAGE OF X	y 24 hrs.
MEDICAL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg. CAUSE OF DEATH	in or 21c. WHINE DID (1 1) Buttimory of the	YES NO Ve exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 4, 1952, and that death occu	red at 10 55 f.m., from the duses and on the	that I last saw the date stated above. 23c, DAJE SIGNED
2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, RAMOVAL, (Specify) 24C. Wards	ERY OF CREMATORY 24D. LOCATION (City town, of Charles)	ali me.
D	AUG 6 = 1952 Huntington Williams MA	Veen & Haight Syper	wello ma.
	vs vso 39	07687	

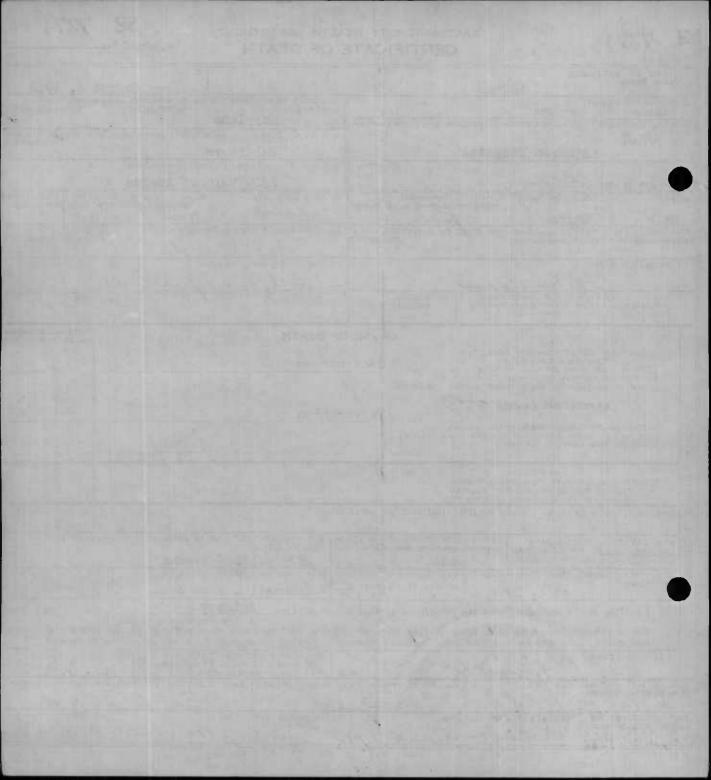
See Document File 52-7373 Correction letter from
Dr. Russell S.Fisher, Chief Medical Examiner

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152	200 737	19-0130		TIMORE CITY HE			Register		7374
1.	NAME OF D	ECEASED	WARD	ROSS			DATE OF DEATH	Anonst	4. 1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDER	NCE (Where		ed. If insti	
II H	B. FULL NAME OF (If not in hospital or institution, give street address or location) Institution Lutheran Hospital				C. CITY OR TOWN	land (If outs	ide corporate	nimiter wr	ite RURAL and give township
	ength of s	tav in Baltimore		Yrs. Mos. Days	D. STREET ADDRES		f Avenu		
5	SEX	6.COLOR OR RACE		E. MARKED.	8. DATE OF BIRTH	9.	AGE (În yea	rs If Under	l Year H Under 24 Hours Days Hours Min.
		White CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign	, ,	12.	CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME Philip adams				14. MOTHER'S MAI	DEN NAME	rss Ti	Desit	4
	5. WAS DECEAS	ED EVER IN U/S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	711 - (0	1325 17	ADDR	RESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C)								
CERTI	TRIBUTING	BIGNIFICANT CONDIG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	NOT RELATI	ED	RATION		••••••••	••••••	20. AUTOPSY?
AL						ID (If in	Raltimore (lity give	YES X NO
MEDIC	218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about bome, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. Home 218. PLACE OF INJURY OCCUR? INJURY OCCUR? 2829 Waldorf Avenue						2		
	AA							termined .	
	23A. SIGNA	Mien Ut	nax f	M 24c, NAME OF CEMETE	23B. CHIEF MEI ASSISTANT ME I.D. MEDICAL INVE	DICAL EXAL	MINER	Aug	
TI	AA. BURIAL. ON REMOVAL (S BURIAL ATE RECEIVE	8/7/3	~2	Lorra	25. FUNERAL DIRE	1	Balto.	C.	nud.
	AUG 6 -		nator	Williams My	Min Cole Ju	c. /2/	7 St. 1	Paul	st.
ll V	S 151 /	981.3	Q;	Stand Stands Fred	7 3	. 2			V

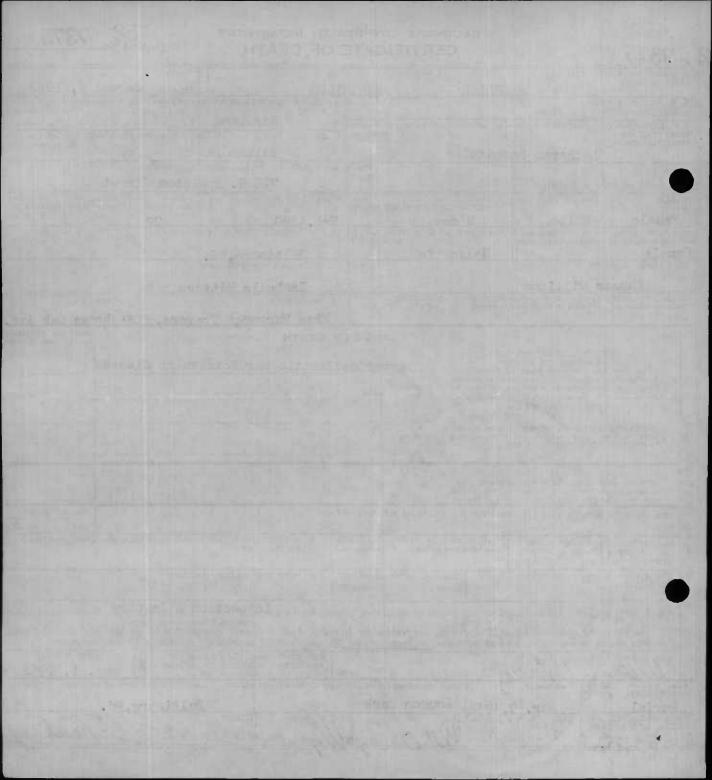


5 2 2375

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7375

B	RTH NO.						
1.	NAME OF D					2. DATE OF	1 5 1010
			DELINE	LINT	HICUM	DEATH AU	igust 5, 1952
Α.		City, Maryland			4. USUAL RESIDENCE A. STATE Maryla	E (Where deceased lived. B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN		mits, we'te EURAL and give township)
"	444	Lutheran Ho	spital		Baltin	nore //) www.smp)
				Yrs.	o. STREET ADDRESS	(If rural, give location)	
	ength of s	tay in Baltimore		Mos. Days	720 N.	. Appleton Str	eet
5.	SEX	6.COLOR DR RACE		E. MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Munder 24 Hours Min.
	Female	White		dow	Feb.1880	72	Days Hours Mills
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
	enale	of working life, even if retired)	House	ewife INDUSTRY	Baltimore	1/2	WHAT COUNTRY?
-	FATHER'S	NAME	11003	GMIT G	14. MOTHER'S MAIDE	N NAME	
	Thom	as Williams			7-21-37-1	770 6 1	
15	. WAS DECEASE	D EVER IN U.S. ARMET	FORCES?	16, SOCIAL	Isabelle 1	Witters	ADDRESS
	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.		1 m	
- 0.4	1				Miss Margare	t Travers, 5029	9 Gwynn Oak Ave
	18. 420	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					
	(This does	not mean the mode	of dying, e. 1	g., (A) Arterio	sclerotic cardi	iovascular dis	ease
		re, asthenia, etc. It mes complication which					
		ANTECEDENT CAUS	SES				
		ANTECEDENT CAO	, 23	(B)	•••••		
0		S OR CONDITIONS, i					
E		YING CONDITION LA					
ERTIFICATION				(0)			
노	OTHER S	II IGNIFICANT CONDI	TIONS COL	٧-			
2	TRIBUTING	TO THE OEATH, BUT	NOT RELATE	EO			
CE			-	FINDINGS OF OPER	ATION		20. AUTOPSY?
							YES NO X
CAL	21A. EXTERN	NAL CAUSE WAS		ACE OF INJURY (e. g., in		(If in Baltimore City	y, give exact location)
DIC	UNDERLYIN	G OR CONTRIB-		arm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
ME		(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID IN.	IURY OCCUR?	
7	FINJURY	(amoneil) (amy) (acai)		WHILE AT NOT WHILE		, , , , , , , , , , , , , , , , , , , ,	
			m.	WORK AT WORK L	Tnene	ation & Travil	2022
	22. I certi	fy that I took char	ge of the	remains described a	bove, held an Inspe	psy, Inspection or Inquir	ry thereon and from
	the evi	dence obtained by	said Auto	psy, Inspection or I	inquiry, find that sai	d deceased died on	the day stated above,
	and de	ath in my opinion	resulted f	rom: <u>natural causes</u>	X, aceident . suic		
	234 SIGNA	TURE I	1/		238 CHIEF MEDIC	CAL EXAMINER	1 " 2000
_	M.D. MEDICAL INVESTIGATOR Aug. 5, 1952 24a. BURIAL, CREMA- 245, DATE 24c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county) (State)						
TI	4A. BURIAL, CON, REMOVAL (S	Pecify) 248. DATE	0		RT OR CREMATORY 24	O. LOCATION (OILY, LOC	ra, or county) (State)
	Burial	Aug.	7,1952	Loudon Park		Baltimore	
	ATE RECEIVE OCAL REGIST	1 4 8			24. PUNERAL DIRECT	OR / 12.17	ANDRESS OF
A	JG 6 - 10	52 Thurts	ngton!	Williaglan 140	Mu. ou	7-141/	I Jany 1R
V	S 151	- E	0	707	70	7 0/2	1/11

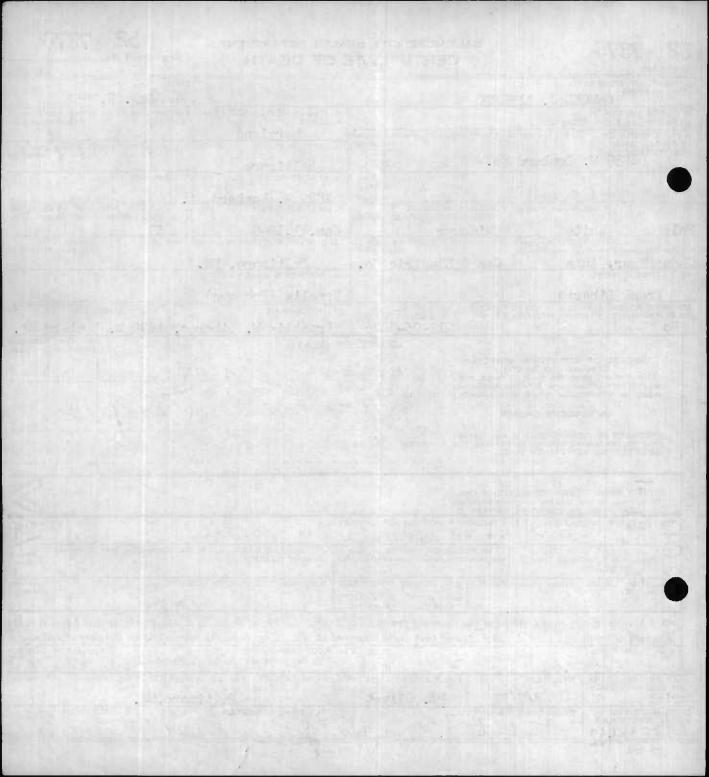


	163
ı	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7376 Registered No.

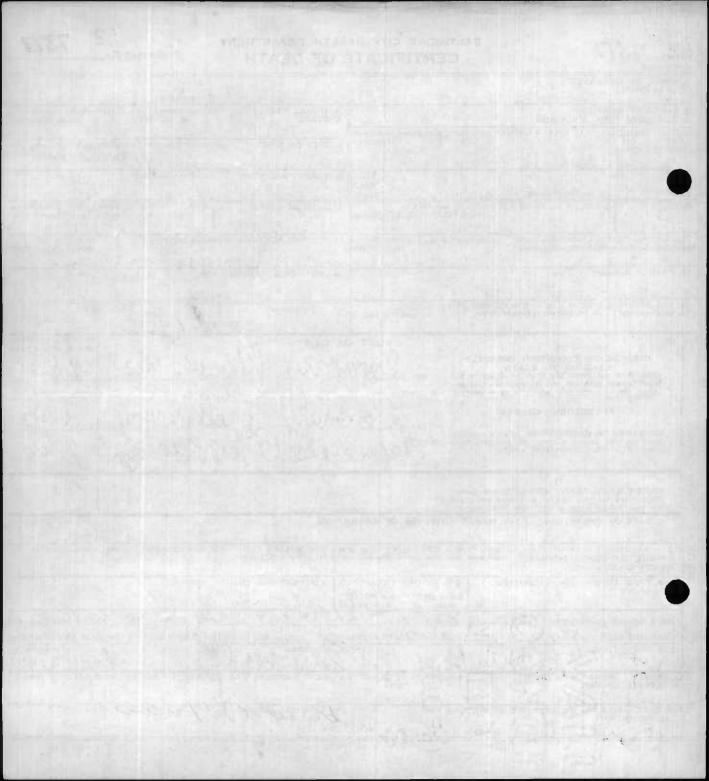
	NAME OF D ype or Print)	SAMUEL J. LI	BERTO			2. DATE OF DEATH Aug.	3.1952
A.		City, Maryland			A. STATE	ICE (Where deceased lived, If B. COUNTY	
40	FULL NAME OSPITAL OR			ion, give street address or location)	Marylan	(If outside corporate limit	write BURAT, and give
IN	ISTITUTION 3	9 W. Lombard	St.			1 9	township)
7				Yrs.	D. STREET ADDRES	S (If rural, give location)	
C.	Length of s	tay in Baltimore		Mos. Days	1830 W Tow	to mad St	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If	Under 1 Year If Under 24 Hours nths; Days Hours Min.
Ma	le	White	Wido		Jan. 21, 1899		nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	Jan. 21. 1899	ate or foreign country)	12. CITIZEN OF
	aueffeur			Blectric Co.	Baltimor	e. Md.	WHAT COUNTRY?
	. FATHER'S				Baltimor	DEN NAME	
	Frank	Liberto			Camelia (Unk	mown)	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME (If yos, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
`	No			212-05-3376	Franklin W.	Liberto, 1839 W	. Lombard St.
	18. 157	7×		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	0440	- 4 - 2 - 2	0.000.710	/ AA oo 2
	(This does	not mean the mode	of dying, e. s	(A) C777 CC	-MOI- 127	TNUNGAS	6 1905
Ш	CANCER OF PANCREAS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CONSTRUCTIVE TAVNOICE						
	ANTECEDENT CAUSES & METASTASES TO LIVER						
Z						******	
H	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
FICATION	ONDENE	THE CONDITION E	131.	(C)	***************************************		*******
IFI		11					
ERTI	OTHER S	IGNIFICANT COND	TIONS CON	1.			
CE	TO THE D	ISEASE OR CONDITION	CAUSING I	Т			
7	A PRI	OF OPERATION O	CA. B	FINDINGS OF OPER	ATION CALTAS	CIRACI	20. AUTOPSY?
C	21A. ACCID	ENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g., in			rive exact location)
MEDICA		R CONTRIBUTING	about home,	farm, factory, street, office bldg., e	to.) INJURY OCCUR	7	
ľ	D. TIME	(Month) (Day) (Year		21E. INJURY OCCURRE	D 21F. HOW DID I	NJURY OCCUR?	
	MAH		m.	WHILE AT NOT WHILE		,	
	22. I hereb	y certify that Lat	tended_the	deceased from	4 / 1936	to 8/3, 19	that I last saw the
	deceased a		1952	and that death occur		rom the causes and on th	
i	23A, SIGNA	TURE 8	Larja		3B. ADDRESS Park	Neight Grove	23c. DATE SIGNED
24	AA. BURIAL,	CREMA- 24B. DATE	7	M. D. C	RY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)
	on, removal (S Lrial	Specify)	152	Mt. Olivet		Baltimore.Md.	/
D	ATE RECEIVE		'S SIGNATU		25/FUNERAD DIREC		ADDRESS A
L	OCAL REGIST	RAR 059	tinston	WH: 14	AM CON S	=/ 1219 ST	Tarel ST
	VS 150	336	172	Transfer My	7	1	7
	13 130			6123	E		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7377

BIRTH NO.	***	4		
1. NAME OF DECEASED (Type or Print) Rose L.	Summerfield		2. DATE OF DEATH	+ 5 10=9
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		titution: residence before admission)
B. FULL NAME OF (If not in hospital OR INSTITUTION	al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limit, w	
2205 Lind	len_ave	Baltimore 1	laryland 2	(nship)
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	40Yrs Mos. Days	2205 Linden	AVe	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Month	er I Year II Under 24 Hours
Female white	Single	Dec.15,1873	78 7	21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF
Unknown	Unknown	Danville .Virg	rinna U	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Meyer Summerfi	eld	Carrie Bow	iars	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL	17. INFORMANT		RESS_
(100, HO OF GHAHOWH)	s of service) SECURITY NO.	Miss Fannie S	20115	inden ave
18. 420.1	CAUSE		D	INTERVAL BETWEEN
DISEASE OR CONDITION			A OU	ONSET AND DEATH
LEADING TO DEAT (This does not mean the mode of	TH COLOR	MONU WIN	au world	1/2011
heart failure, asthenia, etc. It mean	ns the disease,			
injury or complication which co	aused death.) DUE TO		111	0 11
ANTECEDENT CAUS	A\ (7) 7	should VIM.	XICAOMOU	2100
O DISEASES OR CONDITIONS, IF	F ANY, GIVING		MACONICA	01/7/0
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA		Vinon (Vitor)	Flag Albasola	1 / 6111
	(a) Paras (b)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	March Male	THE STATE OF THE S
11		O .		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT				
U TO THE DISEASE OR CONDITION	CAUSING IT.			
J 19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
V ASSISTANT WAS INNOTED	Lots BLACE OF INJURY (or 21c, WHERE DID (If to Politica City of the	YES NO M
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	injury occur?	If in Baltimore City, give	exact location)
ID. TIME (Month) (Day) (Year)			Y OCCUR?	
MOOKI	m. WHILE AT NOT WHILE	1 1= 00 /	0 1500	
22 I homoha houtiful that I det		19 to	Ly dus 0,000	hat I last saw the
deceased alive on Allen	19 and that death occur		ha puses and on the	
23A. SIGNATURE		ADDRESS	of minses and on the	3C. DATE SIGNED
7. WM, 4	SULLA KOOF M. D.	Gull Nother U	AND UE	led 5 (952)
24A. BURIAL, OREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETER	RY OR CREMATORY 240.	OCATION (City, town, or	gounty) (State)
Rurial August	7 1952 Habrew Fr	iendshin Re	+imana 0+ -	1242 200
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25 BUNERAL DIRECTOR	Vactor A	ODRESS , I.C.
AUG 6-1952 Hunt	ington Williams My	L'un	in,1902 Buts	w Place
VS 150	0 5 9	0 9 0 7 3	7 5 Bal	ti., I.d.



532 BIRTH NO.			Register
1. NAME OF DECEASED (Type or Print) RICHARD	HENTSC.	HEL	2. DATE OF DEATH
3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital o	or institution, give street address or	4. USUAL RESIDENCE (WA. STATE	B COLINIT
HOSPITAL OR	location)		outside corporare
	(Type or Print) RICHARD 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital of HOSPITAL OR	CERTIFICATION 1. NAME OF DECEASED (Type or Print) RICHARD 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (Identity in the property of the property in the property of	(Type or Print) RICHARD HENTSCHEL 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR

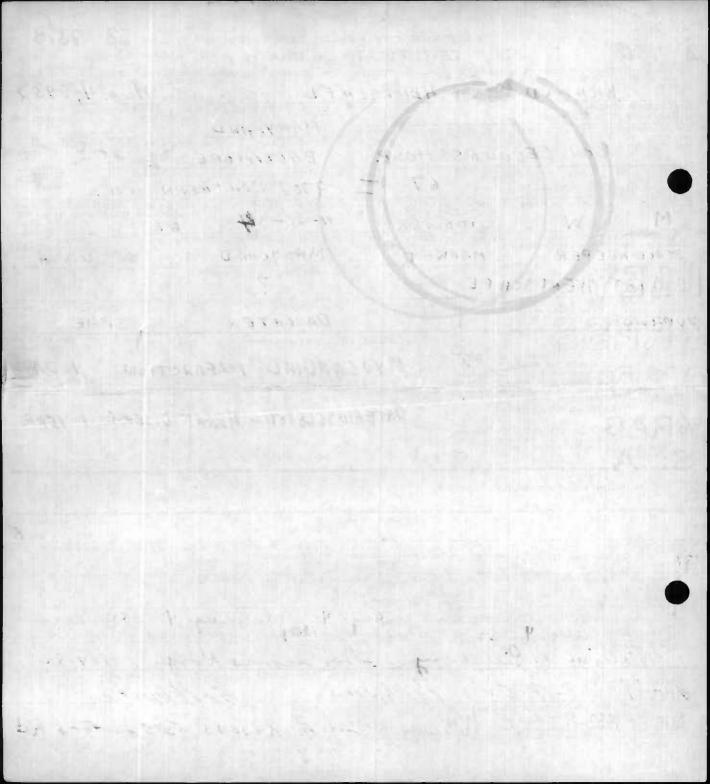
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DICAL

VS 150

5	2	7	378	
Registered N				
2. DATE OF DEATH PUC ere deceased lived. If is	<i>S.</i> insti	tution:	195 resider	nce
utside corporate limits E Iral, give location) HERN AV	-	ite RV		d give nship)
9. AGE (in years last birthday) Mon	Under			24 Hours Min.
eign country)	12.	WHAT	COUNTY A	NTRY?
4E				
	-	ess ME		
	-	NTERV	AL BET	
ARCTION		1	DA	77
LAT DISEAS	E	1	YEA	R
in Baltimore City, g	ive	YES [UTOP:	·X
OCCUR?				
dauses and on th				
tosp.	23		TE SIG	

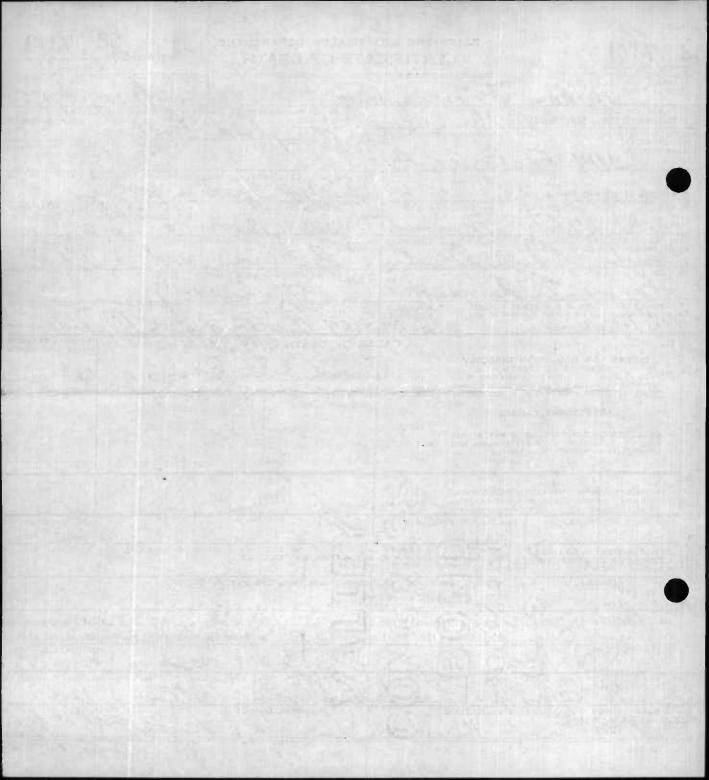
D. STREET ADDRESS (If ru MOS. Sout ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 11-28-85 WIDOWER 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or for work done during most of working life, even if retired) INDUSTRY MARYLAND STALL KEEPER MARKET 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAI HENTSCHEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO. UNKNOW N DAUGHTER 18. 4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY MYOCARDIAL LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATERIOSCLERATIC HE ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Us 1912, to_ ... and that death occurred at 1000 p.m., from the deceased alive on 1952 23A. SIGNATURE 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (Oity, town, or county) TION REMOVAL (Specify) RECEIVED BY REGISTRAR'S 25. FUNERAL DIREC



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 7379

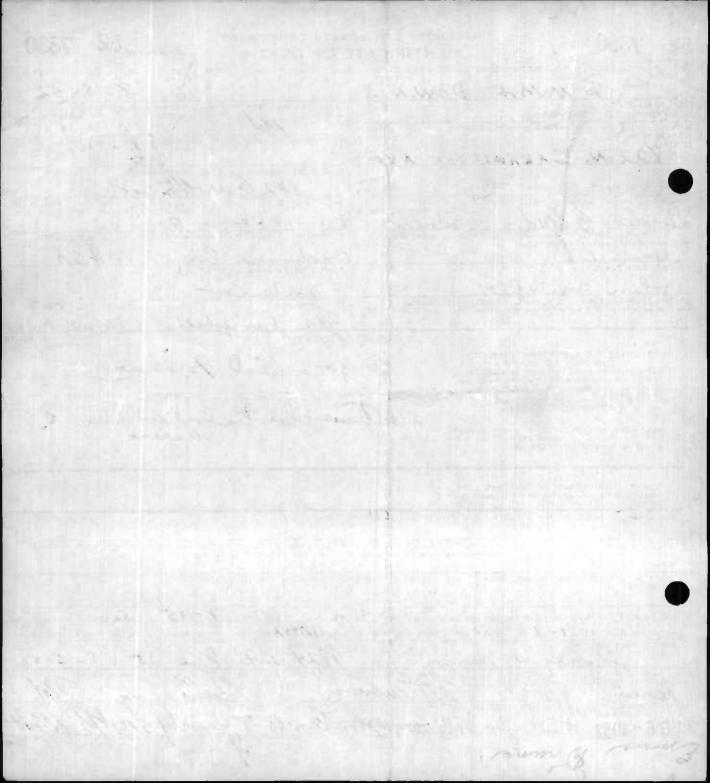
- Bi	KIA NO.								
1. (T	NAME OF DECEA	ARRU	W. Tie	deman	VN	2. DATE OF DEATH	Au	a 4 195	シ
	PLACE OF DEATH Baltimore City,	Maryland	altimo	and.	4. USUAL RESIDEN			stitution residence before admission	on)
H	FULL NAME OF OSPITAL OR STITUTION _		al or institution, g	ive street address of location	c. CITY OR TOWN	(If outside corr	orate limits	, write RURAL and g	ive
	311	4 FRE	derich	HVe.	- CTREET ADDRESS	7	-0-	O townsh	ip)
C.	Length of stay i	n Baltimore		Mos. Days	3/14 F	rederice	10	ie.	
5.	SEX 6.CO	OLOR OR RACE	The second second	DIVORCED (Specif	DATE OF BIRTH		n years If thday) Mor	Under 1 Year If Under 24 Ho pths Days Hours Mi	
10	A. USUAL OCCUPA	TION (Give kind of	10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (St.	ate or foreign count	ry),	12. CITIZEN OF	_
1		maches	in Eles	vator STR	Sallin	me, me	d.	WHAT COUNTR	1Y7
13	Henry	, Tie	Leman	al const.	14. MOTHER'S MAIL	MANE MANE)		
15 (Yes	7/	Jes' Rive Mar in dure	D FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		1 1:	DDRESS	
-	18. 420·1	0.0	361	CAUSE	OF DEATH 3//	H Frederic	ale au	INTERVAL BETWE	
	DISEASE OF	R CONDITION DING TO DEAT	TH	0	a. C. T.	Qual.		ONSET AND DEA	тн
	heart failure, ast	mean the mode of thenia, etc. It mea dication which of	ns the disease,	(A) DUE TO		40-00		aceaya	•••••
	ANTE	ECEDENT CAUS	SES						
NOI	DISEASES OR	CONDITIONS, I	F ANY, GIVING	(B)		***************************************	• • • • • • • • • • • • • • • • • • • •		
CAT	UNDERLYING	CONDITION LA	AST.	(C)		**************************	•••••		
TE		II			1				
CERTI	TRIBUTING TO	FICANT CONDITION THE DEATH, BUT E OR CONDITION	NOT RELATED	Petine	nac hem				
	19A. DATE OF OP		98, MAJOR FIN	DINGS OF OPE	RATION			20. AUTOPSY	
CAL			1 212 BLACE	OF INJURY (e.g.,	in or 21c, WHERE DIE	O (If in Baltim	ore City or	YES NO live exact location)	_
MEDI	21A. ACCIDENT LYING OR COL CAUSE OF DEAT	NTRIBUTING		ectory, street, nffice bldg			ore Orty, g	ive exact location;	
	D. TIME (Mont.)	h) (Day) (Year)		INJURY OCCUR		NJURY OCCUR?	(EXIII)		
h			m. WHILE		<u> </u>	<u> </u>			
	22. I hereby cer	A 1			16, 1952,		, 19 5	that I last saw t	the
	deceased alive o		_, 195_L and	that death occu	erred at m., j	rom the causes	and on th	e date stated about	ve.
	XX	Week	m	м, D.	3991-	trelent	- Gu	8/5/0	2
TIC	A. BURIAL CLEMA ON REMOVAL Syccifs	LUA. 8	1951 h	AME OF CEMET	ERX OR CREMATORY	Balli	City, town,	or county) (State	2)
70	TE RECEIVED BY	REGISTRAR	S SIGNATURE	. 1175	25. UNERAL DIRE	TOR D	15	ADDRESS / A for	4
<u>H</u>	VS 150	Muling	ion Milia	M. My.	reonard ?	Lilia	7	alto.14 m	1
			9	The second second			-		



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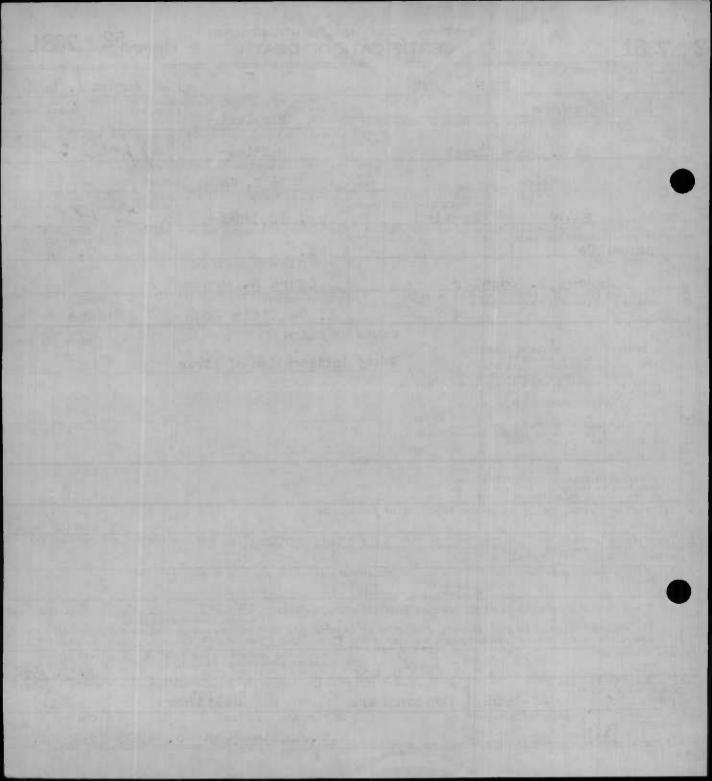
CERTIFICATE OF DEATH Registered No. 7380

ВІ	RTH NO.			CERTIFICAT	E OF DEAT	П	Registered	110,	
1. (T:	NAME OF C	E MM	4 1	DOWNS			DATE. OF DEATH	7-5-	52
	PLACE OF D				4. USUAL RESID			If institution:	-
В.	FULL NAME		al or institut	ion, give street address or location	Mo	1			
IN	STITUTION	Nein	2011		c. CITY OR TOWN	V (If outsi	de corporate) in	nits, write RU	RAL and give township)
	124	N. CAR.	10/4/	Yrs.	D. STREET ADDR	ESS (If rural,	give location)		
	ength of s	stay in Baltimore		Mos. Days	822	Carron	Mon no		
5/	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTI		AGE (In years ast birthday)	Il Under I Year Months: Days	If Under 24 Hours
1	emale	Colored		Widow	8-1-186	2	90		AZOGIO MIII.
vork	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12, CITIZI	EN OF
13	FATHER'S	NAME	l		Baltimo	re (el	7	145	4
	2	\. t. 4	2 00		14. MOTHER'S MA	AIDEN NAME	U		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	now			822
(Yes	, no or unknown)	(If yes, give war or date	e of service)	SECURITY NO.	ada C	1.10	.1	ADDRESS	22 7
1	18. 1/ 2	0.1		CAUSE	OF DEATH	mpre		INTERV	AL BETWEEN
		SE OR CONDITION	DIRECTLY	0/1002	OI BEATH			ONSET	AND DEATH
	(This does	LEADING TO DEA	of dying, e. g	· w m	Jocarde	17	sulve	9	
	neart failt	re, asthenia, etc. It mea complication which o	ins the disease	2.					*******************
		ANTECEDENT CAUS	SES	24	- 0	1 0			2
Z	DIGELOR			(B) arla	usoeloro	tre la	relio; oca	culfa	7
۲	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO		d	weing		
V	UNDERL	TING CONDITION LA	151.	(C)		*************			****************
		11							
2		IGNIFICANT CONDI							
ΰ,	TO THE D	ISEASE OR CONDITION	CAUSING I	г					
A L	ISA. DATE C	OF OPERATION D	98. MAJOR	FINDINGS OF OPER	ATION			YES	NO 4
2		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	n or 21c. WHERE	OID (If in	Baltimore City		
AEI	CAUSE OF	R CONTRIBUTING DEATH	about nome,	arm, factory, street, office bldg.,	etc.) INJURY OCCU	JR?			
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	NJURY OC	CUR?		
			m.	WORK NOT WHILE					
	22. I hereb	y certify that I att	ended the	deceased from	n. , 195	1, to 7:-	15 , 19	52, that I le	ist saw the
	deceased a	live on 7-15	_, 19 <u>52</u>	and that death occur		., from the ca	uses and on	the date ste	ated above.
	23A. SIGNA	Thomas W	1 14.	•	38. ADDRESS	2. 80	14	23c. DA	TE SIGNED
	A. BURIAL.	CREMA- 24B. DATE	K / D	M. D.	RY OR CREMATORY	24D. LOCAT	ION (City, tow	n, or county)	_ (State)
OIT	N, REMOVAL (S	gecify) 8/7/5	2	Maluber	un	1201	The City	1 6	Med
DA	TE RECEIVE	D BY REGISTRAR	SSIGNATU	RE	25 FUNERAL DIR	RECTOR,	(4)	ADDRESS	4/7
A	UG 6 - 1	952 Huntin	aton 1	Miaus Mo	Gances	a Hem	sley 57	84100	dest
	VS 150		0	gen /	1 10	11	1	11/2/24	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 7381

B	IRTH No. *			
	NAME OF DECEASED (Sype or Print) HELEN LOVE		2. DATE OF DEATH Aug	ust 4, 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V		
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland	4.17	
	STITUTION		outside corporate lini	ts, write RURAL and give
-	16 E. Chase Street	Baltimore o. STREET ADDRESS (If	rural give location)	00
	Mos.	16 E. Cha		
97	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours
f	emale white WIDOWED, DIVORCED (Specify)	A 10 1000	last birthday) Me	onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR	Aug. 12, 1892 11. BIRTHPLACE (State or for	oreign country)	1 12. CITIZEN OF
WOL	k done during most of working life, even if retired). INDUSTRY HOUSEWife	Md.		WHAT COUNTRY
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	U.S.
	Jenome T Vocalen			
15	Jerome I. Vogeler 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Laura A. Gr		DDDEGG
(Ye	(If yes, give war or dates of service) SECURITY NO.			Same
			0 4 9	INTERVAL BETWEEN
		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Tatty	infiltration of 1	4 man	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	THITTOTACION OF T	TAGI.	*********
	injury or complication which caused death.) OUE TO			
	ANTECEDENT CAUSES			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		****************	
은	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.			
A	(C)	***************************************		
ERTIFICATION	11			
F	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED			
	TO THE DISEASE OR CONDITION CAUSING IT.			
0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
AL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City,	YES X NO X
EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		in Dammore Oity,	Bive exact localion)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	TIL WHILE AT NOT WHILE AT WORK			
	22. I certify that I took charge of the remains described as	bove, held an autop	sy	_ thereon and from
		Autopsy, I	Inspection or Inquiry	
	the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes	K , accident \square , suicide	\Box . homicide \Box .	ie day stated above, indetermined \square .
	23A. SIGNATURE	238. CHIEF MEDICAL	EXAMINER 23	c. DATE SIGNED
	KS (Tisher M.	D. MEDICAL INVESTIGAT		Aug. 4, 1952
	A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LC	OCATION (City, town,	
	Cremation 8-6-1952 Loudon Park	Bal	timore	Md.
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
	AUG 6 - 1352 Hat to MM.	H.W.Jenkins&So	nsCo. 4905	York Rd
1/	S 151	7 3 7 7		



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7382 Registered No.

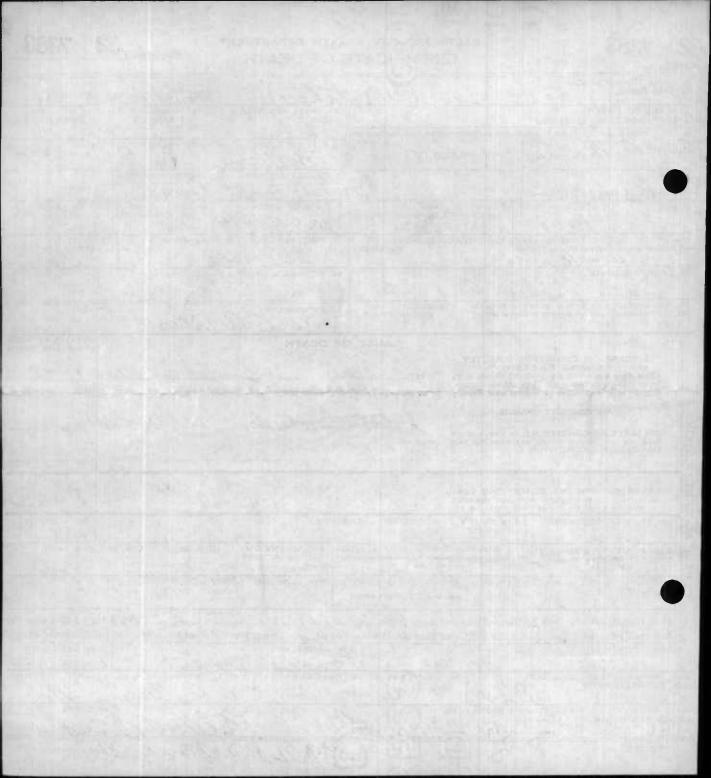
BIRTH NO.	
1. NAME OF DECEASED LIZZETTA SCHNEIC	ER 2. DATE OF DEATH AUG. 4,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside comprate maits, with RURAL and give
1416 E. COLD SPRING LANE	BALTO. township)
Length of stay in Baltimore LIFE Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1416 E. COLD SPRING LANE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	FEB. 8. 1867 9. AGE (In years if Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even lifetired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
STOPEKEEPER UWN BUISNESS	BALTO. MO. 14. MOTHER'S MAIDEN NAME
HENRY SCHNEIDER	WILHELMINA STROYER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOSEPH PLOPOEN AROUS
18. 331 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	bral Hermourhage 2 des.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	May 1, comment to ye
410	teriesclerosis
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	AATION
T C	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, form, foctory, street, office bldg., c	
FID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR)	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
deceased alive on the deceased from the deceased alive on the dece	
	38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA! 24B. DATE 24C. NAME OF CEMETE	S(11 York R) S16/5 V RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
BURIAL (Specify) 8-7-1952 MORFLAND	MEMORIAL BALTO CO. MD.
AUG 6 - 1952 H + to WH:	H.W. FAKINSE SONS CO 4905 YARK ROAD
VS 150	

FEMALES NO STANISHES

BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 7383

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) ANNIE IVEY (Who	taker) 2. DATE OF DEATH AUG. 5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION Muveraity Asspital	C. CITY OR TOWN. (If outside corporate limits, write LURAL and give Baltimore township)
Yrs. Mos. Days C. Length of stay in Baltimore Days	1615 North Broadway
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. QATE OF BIRTH 9. AGE (In years of binder I Year last birthday) 10 to 25 / 8/4 10 to 25 / 8
10A. USUAL OCCUPATION (Give kind of Mork done during most of working life, even if retired) Advanced to the second secon	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Curtis Thomas Ivery	? ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Touise Walker ADDRESS
18. 420.0 , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ute myocardial infunction 1"14 hours
	2
Z DISEASES OR CONDITIONS, IF ANY, GIVING	terios clerotic Heart Diseuse?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
ONDERLYING CONDITION LAST.	
H II	
OTHER SIGNIFICANT CONDITIONS CON-	ral preumonia I months
TO THE DISEASE OR CONDITION CAUSING IT.	
None -	YES NO L
218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.,	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE ME NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	ly 29, 1952, to August 5, 1952, that I last saw the
deceased alive on August 5, 19 52, and that death occur	
Red and Co Parkers	23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify) Pura 9 52 mi. Calra	us Cene. a a. Country mod
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR DODRESS
AUG 6 - 1952 Huntington Williams W	1140. Lottel Chest & Warighter
VS 150	944 2 6d 10 21 11 01 11



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

vistered No. 52 73

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If Institution: 3. PLACE OF DEATH B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) ite WORAL and give HOSPITAL OR (If outside corporate lini INSTITUTION IOHNS HOPKINS HOSPITAL (If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) munne (State or foreign country) 10A. USUAL OCCUPATION (Glyckind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even If retired) INDUSTRY WHAT COUNTRY? Morne 13. FATHER'S NAME 14. MOTHER MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA (If in Baltlmore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE ! WHILE AT 8-4 8 - 4 , 1952 that I last saw the 1952 to_ 22. I hereby certify that I attended the deceased from. So P.m., from the causes and on the date stated above. 1952, and that death occurred at_ deceased alive on__ 23c. DATE SIGNED 23A SIGNATURE 23B. ADDRESS JOHNS HOPKINS HOSPITAL 24A. BURIAL CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

TANTOMORPO, CHICARDILLO POR MONTONERO Steph Home MINH of the To achieve with the end of the 1-1-0119 - 16 24 5

BALTIMORE CITY HEALTH DEPARTMENT 59 7295

BIRTH NO.			CERTIFICATI	E OF DEATH	- Registered	No. /333
1. NAME OF I	DECEASED				2. DATE	
		LIAM	JOHNSON		DEATH Augu	st 3, 1952
a. Baltimore	City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived. B. COUNTY	If institution : residence before admission
B. FULL NAME		al or institut	tion, give street address or			171
HOSPITAL OR			location)	C. CITT OR TOWN	(If outside corporate In	nits, write TUNAL and giv township
	South Balti	Lmore G	eneral Hospita			
	-1 ! D-1!!	22 ***	Yrs. Mos.		(If rural, give location)	
5. SEX	stay in Baltimore	7 SINGL	E. MARRIED.	8. DATE OF BIRTH	Ward Street 9. AGE (In years)	If Under 1 Year If Under 24 Hours
male	colored		VED, DIVORCED (Specify) Married		last birthday) I	Months Days Hours Min.
IOA. USUAL OC	CCUPATION (Give kind of tof working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
Watchma		Lumb	er yard	Bakersfield	i, California	U. S. A.
13. FATHER'S	NAME		Pow	14. MOTHER'S MAI	DEN NAME	
	-					
es, no nr unknown	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	No		220-12-7200	Florence Je	ohnson, 1420 War	d Street
18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEE
OTHER TRIBUTIN	ES OR CONDITIONS, III THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE DR CONDITION	STATING TO ST. TIONS COUNTY TO THE STATE OF	(C)			
			FINDINGS OF OPER	ATION		20. AUTOPSY?
1	7					YES ND
UNDERLYIN	NAL CAUSE WAS NG [] OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			give exact location)
	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID	NJURY OCCUR?	
22. I certi	ify that I took char	ge of the	remains described a	occo, recta are	autopsy	thereon and from
the ev	ridence obtained by cath in my opinion	said Auto	opsy, Inspection or I from: natural causes	nquiry, find that s	atopsy, Inspection or Inquiry gaid deccased died on a micide . homicide .	the day stated above
23A. SIGNA		M	70	238. CHIEF MEE ASSISTANT MEE	DICAL EXAMINER	3c. DATE SIGNED
24A. BURIAL,	CREMA- 24B. DATE	17/4	24C. NAME OF CEMETER		24D. LOCATION (City, tow	
TON, REMOVAL (S Burial	8/6/52		Mt. Auburn Ce		Baltimore, Mar	
DATE RECEIVE	D BY REGISTRAR'S	SIGNATI		25. FUNERAL DIRE		ADDRESS /
UG 6 - 19	RAR	+ 1	V'H. 147		per, 512 Carrol	lton Avenue
V S 151	Havelon	7	Total Mary	7 7 7	19 -111/	1/
		7	7636P (The ills	40010	V

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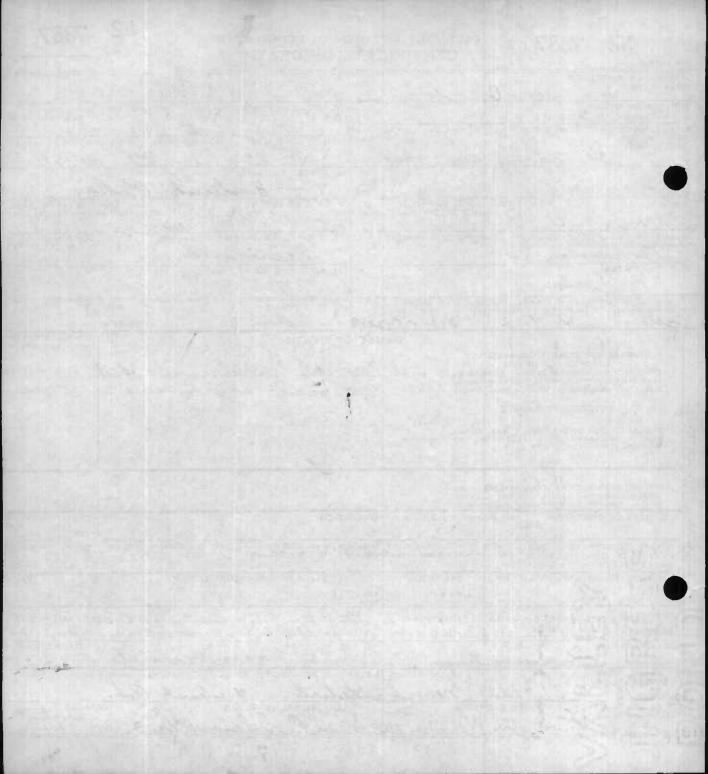
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Robert Brown (Type or Print) OF August 4, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Md -(If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN Bar Wil Bar Con. Home INSTITUTION Balto. D. STREET ADDRESS (If rural, give location) Yrs. Life Mos 2239 Brunt St. c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. 10/31/1883 68 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) former laborer WHAT COUNTRY? Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Brown Sarah ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. no Catherine INTERVAL BETWEEN 443X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! AT WORK 300 1949 to 8-4 22. I hereby certify that I attended the deceased from 10-15 deceased alive on 8-2 -1952 and that death occurred ata.m., from the causes and on the date stated above. 23A. SGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) Mt Calvary Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St.

OUT TO THE TAX TO

B. FULL NAME OF (If not in hospital or institution, give street nddress or location) MOSPITAL ON NESTITUTION T. A. A. COLDET ON ANNE DEATH OTHER SIGNIFICATION (Day) (Year) (Hour) 10. STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) O. STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) O. STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) O. STREET ADDRES	0-354			X 50	
1. NAME OF DECEASED Compared prints Compar	52 7387				
(Pype or Print) PLACE OF DEATH A Baltimore City, Maryland B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution, give street address or location) B FULL NAME OF (If not in heapital or institution; residence or location) B FULL NAME OF (If not in heapital or institution; residence or location) B FULL NAME OF (If not in heapital or institution; residence or location) B FULL NAME OF (If not in heapital or institution; residence or location) B FULL NAME OF (If not in heapital or institution; residence or location) B FULL NAME OF (If not in heapital or institution; residence or location) B FULL NAME OF (If not in heapital or institution; residence or location) B FULL NAME OF	BIRTH NO.	CERTIFICAT	E OF DEATH	registered No.	
A. USUAL RESIDENCE (Where deceased lived. If Institution; residence lived, Institution; residence live	(Thomas on Daine)	O' Domailo.		OF _	-50
C. CITY OR TOWNY (If outside corporate limits, write RURLAL and give institution of stay in Battimore Yrs. No. STREET ADDRESS (If rural, give location)	3. PLACE OF DEATH:		4. USUAL RESIDENCE (W	where deceased lived. If ins	
Tree and the stay in Baltimore No. STREET ADDRESS (If rural, pive location) No. STREET ADDRESS (If rural, pive l	HOSPITAL OR			outside corporate limits, v	vrite RURAL and give
The stay in Baltimore S. SEX G. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 10. J.		Hazoital	Baltimo	re- Ollics	township)
DIOA. USUAL OCCUPATION (Givakinded of order of the control of the		Mos.	D. STREET ADDRESS (If	rural, give location)	30. 6300
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 19. WAS DECEASED EVER IN U. S. ARMED FORCES? 19. WAS DECEASED EVER IN U. S. ARMED FORCES? 10. JAN W. J. SECURITY NO. 11. INFORMANT 12. OBSTARS 12. CAUSE OF DEATH (This does not mean the mode of dying, e. g., heart failure, astenial, et. it means the disease, injury or complication which caused death.) DUE TO Partial Diseases or CONDITIONS, IF ANY, GIVING 11. REPORT OF THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTION CONTRIBU		NGLE. MARRIED		9. AGE (In years If Und last birthday) Month	er I Year H Under 24 Hours Days Hours Min.
15. WAS DECASED EVER IN U. S. ARMED FORCEST Yes, no or unknown) 16. SOCIAL Yes, no or unknown) 17. INFORMANT ADDRESS SCURITY NO 2/8-053298 ADDRESS SCURITY NO 2/8-053298 SCURITY NO 2/8-053298 ADDRESS ADDRESS SCURITY NO 2/8-053298 SCURITY NO 2/8-0532	ork done during most of working life, even if retired)		11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY?
SECURITY NO. 198. 3	13. FATHER'S NAME	Como a	14. MOTHER'S MAIDEN NA	AME	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTIONS CONTRIBUTION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., is or INJURY OCCUR? 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., is or INJURY OCCUR? 10THER GIONTH WAS UNDERLY OF DEATH 10THER ALL MAJOR FINDINGS OF OPERATION 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 10THER GIONTH WAS UNDERLY OF DEATH 10THER ALL MAJOR FINDINGS OF OPERATION 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22C. DATE SIGNED 23C. DATE SIGNED 24A. BURIAL, CREMA-124B. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS DUE TO THE OPERATORY ADDRESS INTERVAL DEATH ONSET AND DEATH	les, no or unknown) (11 yee, give war or detes of service		17. INFORMANT		
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYTY YES NO X CAUSE OF DEATH 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 2 lic. WHERE DID INJURY OCCUR? 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 2 lic. WHERE DID INJURY OCCUR? 19A. DATE OF OPERATION 21B. PLACE OF INJURY OCCURRED INJURY OCCUR? 19A. DATE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 19A. DATE OF OPERATION 21B. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21A. WHILE AT NOT WHILE AT NOT WHILE AT WORK AT		210-0017298	win	Sa	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISTASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING About home, ferm, factory, street, office bidgs, etc.) 19A. DATE OF DEATH 19D. TIME (Month) (Day) (Year) (Hour) 19B. MAJOR FINDINGS OF OPERATION 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. Hereby certify that I attended the deceased from Aryon While Month of Control of the date stated above. 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24B. ADDRESS M. D. 25F. FUNERAL DIRECTOR ADDRESS AD	0011		OF DEATH		ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, ferm, factory, street, office bidgs, etc.) 1. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? 22. I hereby certify that I attended the deceased from AT WORK AT WO	LEADING TO DEATH		a - 0 7/2 1.	00.1	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) 15A. DATE OF DEATH 15D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCURR) 15D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCURR) 16D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 22A. SIGNATURE 22A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 23A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS ADDR		leath.) Due to	regnant royx	inimaters	syrs.
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21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office bidg., etc.) AUSTRAL (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 23A. SIGNATURE 23B. ADDRESS M. D. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) ADDRESS			ATION		20. AUTOPSY?
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while at work Not while at work 22. I hereby certify that I attended the deceased from 8-4-, 1950 to 8-4, 1952 that I last saw the deceased alive on 1952 and that death occurred at 1558 from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 25. FUNERAL DIRECTOR ADDRESS 4	LYING OR CONTRIBUTING about h			f in Baltimore City, give	exact location)
22. I hereby certify that I attended the deceased from 8-4-, 1950 to 8-4, 1952 that I last saw the deceased alive on 8-4, 1952 and that death occurred at 1558 M from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 125. FUNERAL DIRECTOR ADDRESS				OCCUR?	
deceased alive on 3 19 2 and that death occurred at 135 AM from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS M. D. 24A. BURIAL, CREMA- 100N, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS			2 // 1 10 50 0	F 1/ 11 CO	
23A. SIGNATURE Leave Steve M. D. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS ADDRESS 25. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS					
24a. BURIAL, CREMA- 110N, REMOVAL (Specify) 8/1/52 New bottledal DATE RECEIVED BY REGISTRAR'S SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 125. FUNERAL DIRECTOR ADDRESS					
DOME REMOVAL (Specify) 8/1/52 New Cathedral Frederick Rd. DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS 1	George C	Stere M.D.	It agree.	Hospital	8-4-521
	TION, REMOVAL (Specify)	new both	RY OR CREMATORY 24D. LC	CATION (City, town, or o	county) (State)
16 Q ₁₅ 15932	DATE RECEIVED BY REGISTRAR'S SIGN	ATURE WHITE	25. FUNERAL DIRECTOR	AL 3/16	le le le trut
	JG 6 _{vs 15} 952	The service	0 0 7 3	0 5	

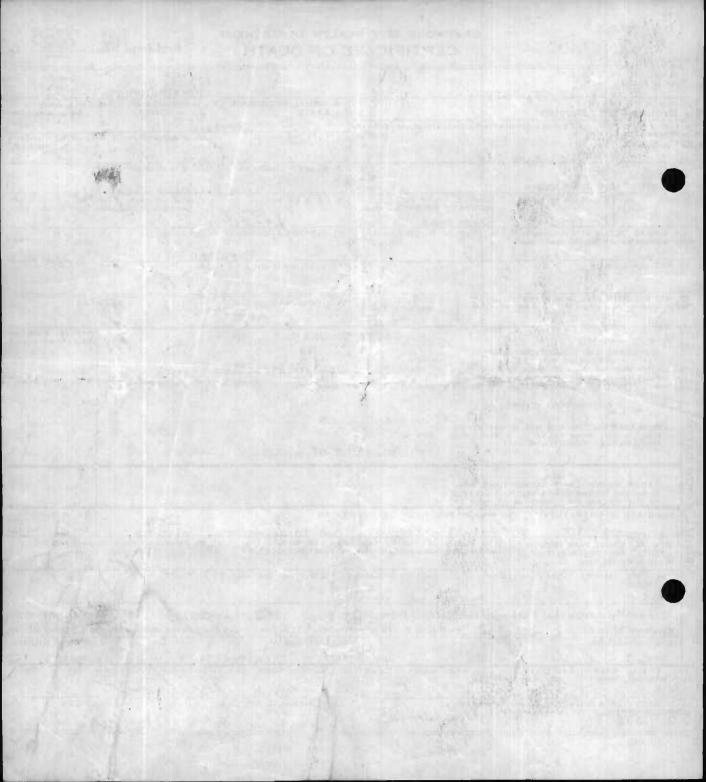


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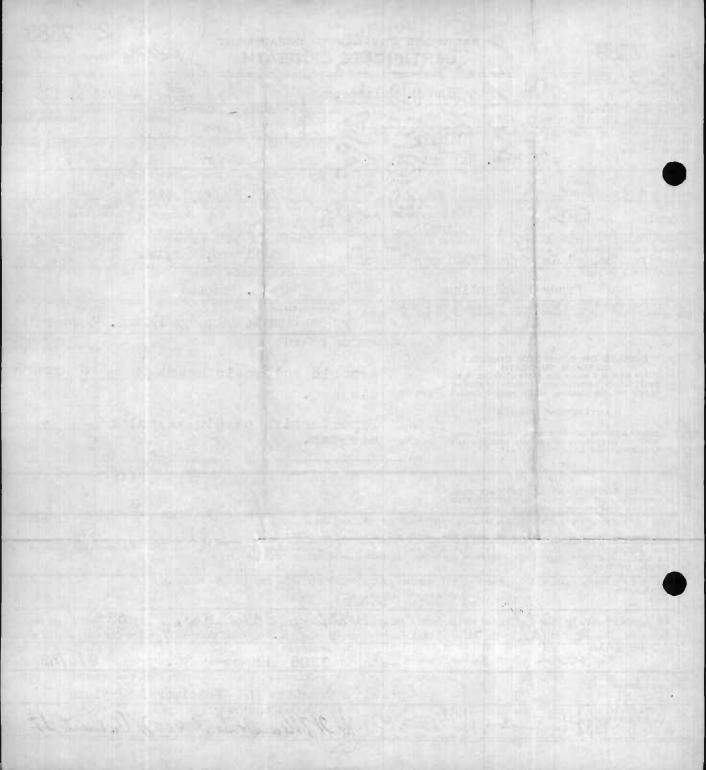
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7388

£3 i	IKIH NO.						
	NAME OF D ype or Print)		forme			2. DATE OF	-1 2 3070
	PLACE OF DE Baltimore C	Hardy, l EATH: City, Maryland	ary	E UNIVERSIA	4. USUAL RESIDENCE (W	DEATH Allers where deceased lived. B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR CONTROL	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (If	and outside corporate lir	nits, write RURAL and give
de	14/	St. Jose	phis		D. STREET ADDRESS (II	more	
c	Ongth of st	tay in Baltimore		Yrs. Mos. Days	St. Paul Mark Land and Co.	rural, give location) Mulberry	st 17-03
5.	SEX	6. COLOR OR RACE	WIDOW	MARRIED, PED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	
10	DA. USUAL OC	Colored CUPATION (Givekind of	Jepaj 108 KIND	of Business or	11. BIRTHPLACE (State or fo	Toign country)	I 12. CITIZEN OF
TOT	k done during most o	of working life, even if retired)	7	INDUSTRY	Maryl		WHAT COUNTRY?
13	B. FATHER'S N	IAME	2		14. MOTHER'S MAIDEN NA		1 0 0
			,				
15 (Ye	5. WAS DECEASE m, no or naknown)	D EVER IN U.S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ?		ADDRESS
ERTIFICATION	(This does heart failur injury or DISEASES RISE TO TO UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea eomplication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION ISEASE OR CONDITION ISEASE OR CONDITION	I'H f dying, e. g f dying, e. g sthe disease aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)Adhes G DUE TO (C)Vol.vul.	tinal obstruction ions us of ileum		
U				FINDINGS OF OPER	ATION	4.3	20. AUTOPSY?
MEDICAL	August 21A. ACCID	1, 1952 Th	testina 218. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	due to adhesions	Volvulus, in Baltimore City	YES NO O
~	21D. TIME (Month) (Day) (Year)		VHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby deceased al 23A. SIGNAT	ive on Aug. 3	ended the	deceased from Juland that death occur	y 28 , 152, to Au red at 5:00pm., from the 38. Address 11:00 N. Caroline	he causes and on	52, that I last saw the the date stated above. 23c. DATE SIGNED August. 3. 152
TI	AA. BURIAL. CON, REMOVAL (S	pecify) 8/7/	-2	24d. NAME OF CEMETE	huralens J	CATION (City, tow	vn, or county) (State)
5	ATE RECEIVED	RAR PREGISTAR	STENSION AND	tiaus, M.	25. FUNERAL DIRECTOR A. Halstea	1-918-4	Pruid Kill &
	VS 150			E. Star			4



52 7389 BIRTH NO.	CERTIFICA	TE OF DEAT	MENI	0
1. NAME OF DECEASED (Type or Print)	Katherine T. Valer	ntine	2. DATE OF DEATH Augu	st 5, 1952
3. PLACE OF DEATH: a. Baltimore City, Maryland		A. STATE	ENCE (Where deceased lived, If in	nstitution: residence before admission)
B. FULL NAME OF (If not in hospid HOSPITAL OR	tal or institution, give street address XXXX locatio O N. Calvert St.	c. CITY OR TOWN	ryland (If outside corporate limits, ltimore	write RU AL and give township
	Life Yrs	D. STREET ADDRI	ESS (If rural, give location)	- V
c. Length of stay in Baltimore	Mos Day	1120 N	. Calvert Street	
Female 6. COLOR OR RACE White	WIDOWED, DIVORCED (Special Single	8. DATE OF BIRTH	9. AGE (in years	Urder I Year Iths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired. Retired School Teacher.	INDUSTR	T F T	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME	
	Valentine	Mary R	• Pedosta	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO	Mrs Pauline M	IcCambridge 1226 S.	Hanover St
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which ANTECEDENT CAUSTON DISEASES OR CONDITIONS, IT RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) SES (B)	terio scler sease. pertensive sease.	otic heart cardio vascular	5 years
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	198. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (o. g about home, farm, factory, street, office bld			YES NO Live exact location)
D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCUF WHILE AT NOT WHI MORK AT WORK	LE	INJURY OCCUR?	
22. I hereby certify that I at deceased alive on 8/4/	tended the deceased from 8, 19 52, and that death occ	1/23/ , 19 4 curred at 7 A . m.	7to $8/5$, 19 52 , from the causes and on th	, that I last saw the e date stated above
23A. SIGNATURE	Declee.	1226 Ha	mover St.	8/6/52
24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial 8/8/56		ral Cemetery	Baltimore, Mar	
DATE RECEIVED BY REGISTRAR AUG 6 1952 Hunting		4. W. Mears	1	Luet St.
VS 150	1093	SV		



	1400		CE	RTIFI	CATE CORRE	CTED	-52	
2	7 7730	n		BA		EALTH DEPART		52 7390
BII	RTH NO.	7.	-16620).	CERTIFICAT	E OF DEATI	H Registe	ered No
	NAME OF D	ECEAS	ED Reilly		nry Daniel		2. DATE OF DEATH	8/5/52
	PLACE OF D Baltimore ([arvland		1	4. USUAL RESIDE		ved. If institution: residence TY before admission)
8. 1	FULL NAME	-		al or institu	tion, give street address o	643	3 DICheim	Kd. Baltimere
	SPITAL OR STITUTION	han		- 1.1 F	location	C. CITT OR TOWN		e limits, write RURAL and give township)
3	1	me	rey Hosp	71721.	· ·		imore.	
d			Baltimore	?	Yrs. Mos. Days		SS (If rural, give locati	5300
	M.		OR OR RACE	WIDOV	E, MARRIED. WED, DIVORCED (Specify Single.	7/21/52		mars if Under I Year Months Days Hours Min.
work	A. USUAL OC	CUPAT of working None	ION (Give kind of life, even if retired)	108. KINI	D OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME				14. MOTHER'S MA	IDEN NAME	
	7	OSEF	oh . B. Ri	eilly		ma	ry C. Price.	
15. (Yes	, no or nnknown)	ED EVER	IN U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Rec	cords, Mercy	ADDRESS Hospital
CERTIFICATION	DISEASE RISE TO T UNDERLY OTHER S TRIBUTING	LEADs not more, asthere complied antecomplied antecomplied antecomplied antecomplied and antecomplied antecomplied and antecomplied and antecomplied and antecomplied antecomplied and antecomplied antecomplied and antecomplied antecomplie	CONDITION ING TO DEAT san the mode of opinia, etc. It means action which etc. EEDENT CAUS CONDITIONS, IF VE CAUSE (A) ONDITION LAS IT CANDITION CONDITION CO	H f dying, e. as the diseasaused deatles ANY, GIVII STATING T ST. TIONS CONOT RELAT	(B)	Premato	rity.	ONSET AND DEATH
٦	19A. DATE C	OF OPE	RATION 0 19	98. MAJOR	R FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL		R CONT	AS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.			City, give exact location)
Σ.	21D. TIME	(Month)	(Day) (Year)		21E. INJURY OCCURE		INJURY OCCUR?	
	22 I bench	ar acreti	for that I att	m.	deceased from	7/2/ ,1952	to 8/5	1952, that I last saw the
	deceased a		0 /					on the date stated above.
1	23A. SIGNA		1 /	7		238. ADDRESS	11	23c. DATE SIGNED
2.0	()	ne	16	y and		Mercy.	1104 [).	town or country (C4
TIO	A. BURIAL.	ecify	248. DATE (24C. NAME OF CEMET		24D/LOCATION (City,	
DA	Buria/	D BY	8/8/52		Cathedral	Cemetery	Baltimore	Maryland ADDRESS
LO	AUG 6	1952	Hunting	1 . 11	Miaus, My?	H. Wea	wend Son 8	2057 Calunt St
	VS 150		0	11-19		4 10	7 3 8 8	

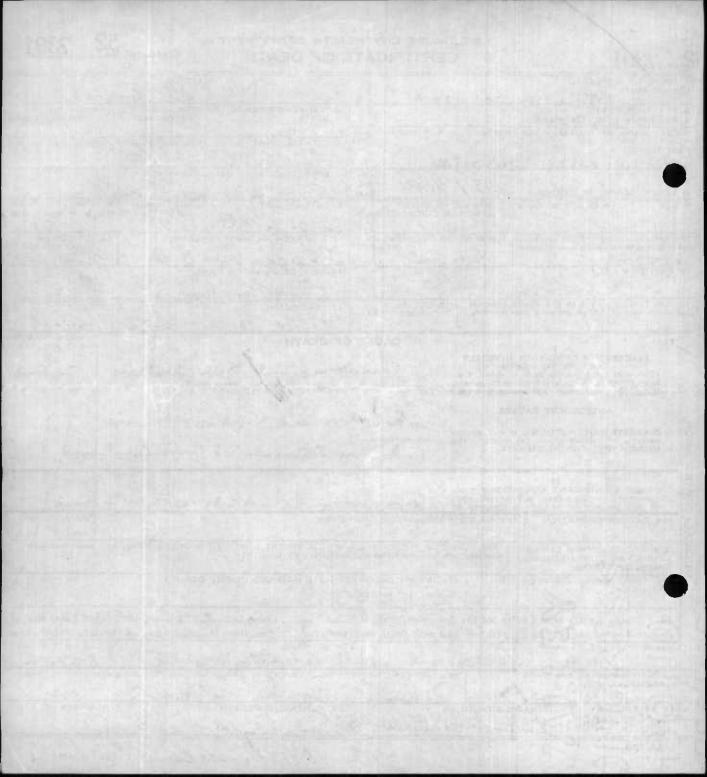
491-71. and Sund State Comment

525 BIRTH 7391

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered No. 7391

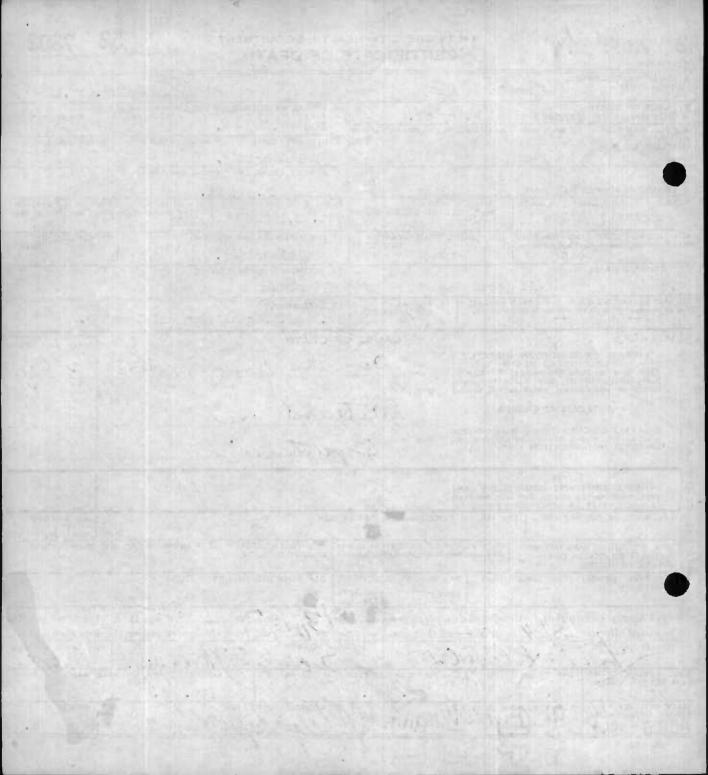
BIRTH NO. 31								
	OF DECEASED				2. DATE			
(Type or	William	John	NOA	OF DEATH 8-4-52.				
	E OF DEATH: more City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
		al or institution	on, give street address or location)					
HOSPIT			ioeation)	C. CITY OR TOWN (If	outside correcte limits	township)		
-	miversity +	tospit	o(-	Balto.	rural give location)	- comming		
		37	Uso Mos.	D. STREET ADDRESS (If rural, give location)				
	th of stay in Baltimore	0/	Days	13 32 Wilmer Court				
5. SEX	6. COLOR OR RACE	7. SINGLE	D, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under I Y				
M		u	J.	aug. 4, 1893	59			
	UAL OCCUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF		
WOFE GOING	ring most of working life, even if retired)	Fint	INDUSTRY	Charlestons	A.C.	WHAT COUNTRY?		
13. FAT	HER'S NAME	000	(R)	14. MOTHER'S MAIDEN NA	AME	·/LINI		
	11/11		(19)	n, 11				
	and won	~		uniona	w			
(Yes, no or	DECEASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	IA	DDRESS		
				Willia Jones	- 12/2	Kinggo (he		
18.	177 V		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OF CONDITION	DIRECTIV				ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	This does not mean the mode of eart failure, asthenia, etc. It mea					74.000		
	njury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
7	(B) For advance Verly selwis >							
	ISEASES OR CONDITIONS, I							
	SE TO THE ABOVE CAUSE (A) NDERLYING CONDITION LA		E 50E 10	. X 9. : 0 1	astavia	0		
Ü			(C)					
ERTIFIC								
2 0	THER SIGNIFICANT CONDI			0				
Ш <u>т</u> с	RIBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION			tatous from	2 with met	- tris		
19A.			FINDINGS OF OPER	RATION		20. AUTOPSY?		
A						YES NO		
0 214	. ACCIDENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i		f in Baltimore City, g	give exact location)		
H CAL	NG OR CONTRIBUTING	about home, fe	rm, factory, street, office hldg.,	etc.) INJURY OCCUR?				
YD.	TIME (Month) (Day) (Year	(Hour) 2	IE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
	YRULN	W	HILE AT NOT WHILE					
		m.	WORK AT WORK		6 111			
22.	I hereby certify that I att	3 - 4 , 19 3	that I last saw the					
deccased alive on 8-4, 1952, and that death occurred at 8:40 Pm., from the co						he date stated above.		
23A	SIGNATURE	00	A A	23B. ADDRESS		23C. DATE SIGNED		
1	Josepher (.	1 Stigs	M. D.	Uneverty He	spill	8-5-0-2		
	URIAL, CREMA- 248, DATE	2	MC. NAME OF CEMETE	RY OF CREMATORY 240. L	OCATION (City, town,	or county) (State)		
HON, RE	TION, REMOVAL (Specify) 1- 7-1962 Western Star Ce Critimarille - Mol							
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS								
LOCAL	The state of the s							
AL	HOU U TOUR Thuringian Hausen, " Aximullant & Bellinan of							
V:	VS 150							
1			1290614	1011 7.00	rlinglo	n ine		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7392

- 5	INTER INC.							
(T	NAME OF DI	Emma	Horst	ian			2. DATE OF DEATH	Aug.5th.1952
A. B.	FULL NAME	lity, Maryland		ion, give street address or	4. USUAL RESID	y St.	ere deceased lived B. COUNTY	i. If institution: residence before admission
HOSPITAL OR location)					c. CITY OR TOWN	e Md.		imits, writ AURAL and giv township
		tay in Baltimore		Yrs. Mos. life Days	D. STREET ADDR.	Gay St.)
	Female	6.COLOR OR RACE	W188V	E, MARRIED, ZED, DIVORCED (Specify)	Oct.13,1880		71	Months Days Hours Min.
wor	k done during most o	CUPATION (Give kind of f working life, even if retired) NONE	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.			
13	. FATHER'S N	AME Emil	Hesse		14. MOTHER'S MA		1E	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give wer or date)	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mr.Chas.M.A	rnold,	Randallsto	ADDRESS Dwn Md.
ERTIFICATION	(This does heart failur in jury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA IGNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO SEASE OR CONDITION	(B) CLA	edias Si teriordere ypertens	econg vis cas	rensatio	2.	
CALC	19a. DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
MEDICA	LYING OR		about home, f	ACE OF INJURY (e. g., it arm, fectory, street, office bldg., e	to.) INJURY OCCU	IR7		ty, give exact location)
K	INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F.,HOW DID	INJURY (OCCUR?	
	22. I hereby certify that I attended the deceased from 8, 195, to 5, 195, that I last saw a deceased alive on 8, 195, and that death occurred at 12, pm., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 22B. ADDRESS							
TIC	A. BURIAN. ON, REMOVAL (S) Burial	REMA- pedify) Aug 8/52	100	M.D. 24c. NAME OF CEMETER Balto. Cem.		Balt	ANM MELL EATION LORLY TO EO. Md.	8/6/52 (State)
	OCAL REGISTE UG 6 - 19			Williams, My	ALLES	LECTOR MU14	Danszon	Address 24 Orleans St.
	VS 150			1 13 65	3.	1/		



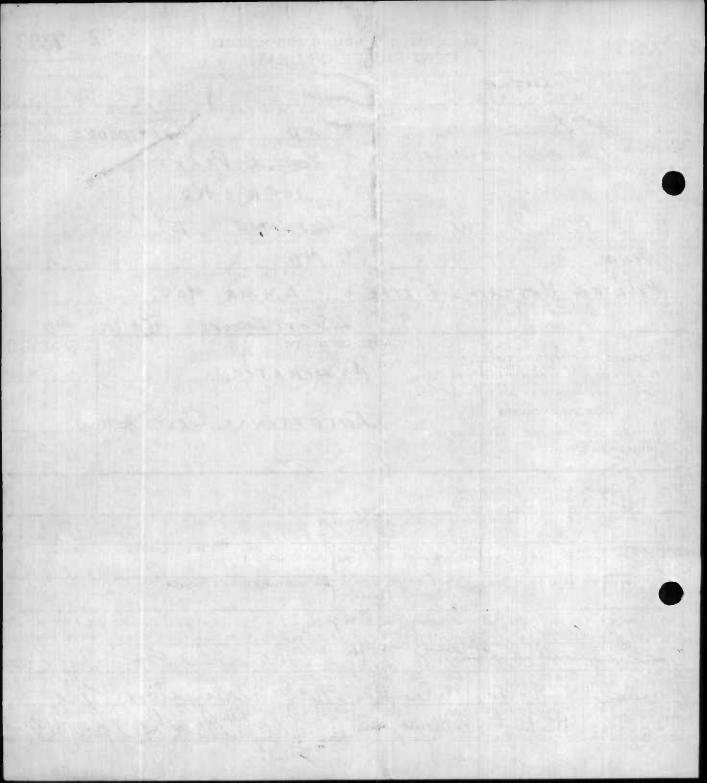
-	170
5	5 7700
d	7393

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7393
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF EMMA 8-3-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or BALTIMORE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION INION MEMORIAL HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years II Under I Year II Under 24 Hours Inst birthday) Months Days Hours Min. PNONN 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. SPARKS OTT DROOKS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ASPIRATION (This does not mean the mode of dying, e. g., (A) ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INTESTINAL OBSTRUCTION CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK Stugnot 2 1952 to aug . 1952 that I last saw the 22. I hereby certify that I attended the deceased from-195 and that death occurred at 8:25 Pm., from the duses and on the date stated above, deceased alive on. DATE RECEIVED BY REGISTRAR VS 150



623 152 NO. 7394

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7394

FIRTH NO.					
NAME OF DECEASED Type or Print) Jenni	e Creighton				ust 4,1952
B. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution : residence a. STATE B. COUNTY before admission)		
	al or institution, give	street address or location)			
	ph's Hospita	H.I	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
1400 N.	Caroline S	t.	Balto. Md.		, , , , , , , , , , , , , , , , , , ,
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
noth of star in Poltimone		Mos.	321 S. Gusrya	n St. #24	
ngth of stay in Baltimore 5. SEX 6. COLOR OR RACE	7. SINGLE, MARR	Days	8. DATE OF BIRTH	11	Under 1 Year If Under 24 Hours
6. COLOR OF RACE	WIDOWED, DIV	ORCED (Specify)			
Female White	Wi	dow	October 8.1892	59	
OA. USUAL OCCUPATION (Give kind of	108. KIND OF BU		II. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
ork done during most of working life, even if retired)	Od arrand and	INDUSTRY	D ltimama Ca	1/3	WHAT COUNTRY?
Clerk 13. FATHER'S NAME	Stewert and	d Uo.	Baltimore Co.,		USA
	1	May fort a	14. MOTHER'S MAIDEN NAME		
Grames Marks			Janet H	annah	
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SC	OCIAL	17. INFORMANT	Al	DDRESS
(1) you, give war or dated	SE SE	ECURITY NO.	Mary Walton 32	7 Change of CA	
18. 1 5 3 4		CAUSE	OF DEATH	The state of the s	INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication will be complicated by the complication which complication will be complicated by the complication which complication wh	f dying, e.g., (nasthe disease, aused death.) EES F ANY, GIVING STATING THE DUST.	(B)	atinal Obstruction Adhesions		
TRIBUTING TO THE DEATH, BUT	NOT RELATED				
	98. MAJOR FINDI	NGS OF OPER	ATION		20. AUTOPSY?
July 31.1952		inal Obsti			YES NO
21a. ACCIDENT WAS UNDER-	218. PLACE OF			If in Baltimore City, g	
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, ferm, factor	ry, street, office bldg.,	stc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year)	(Hour) 2 1E. IN.	JURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY	m. WHILE AT	NOT WHILE		and delicate	
22. I hereby certify that I att	ended the decens	ed from July	7 19, 1952 to Au	gust 4, 19 5	that I last saw the
deceased alive onluguet 4.	1052 3 46	ni donih ocean	med at 12: Min from	the causes and on th	e date stated above
	_, 19 and the		3B. ADDRESS	ne causes una on ci	23c. DATE SIGNED
23A. SIGNATURE	0			al 82.7	
1 Tall	1	м. D.	1400 N. Caroline	St. 格上5	August 4,198
24A. BURIAL CREMA- 24B. DATE TION, REMOVAL Specify)	24c. NA	ME of CEMETE	RY OR CREMATORY 24D. L	LOCATION (City, town,	or county) (State)
Burial August	1952 00	k Lawn Ce	metery 7225	Eastern Ave	Bas Coss Mds
DATE DECEIVED BY 1 DECISTOAD	SIGNATURE	1	25 FUNERAL DIRECTOR	Eastern Ave	ADDRESS
LOCAL DECISTRAD	ton William	us MD	Charles S. Sei		onkling St .
VS 150		5398	6.C0 7 8	9 9	

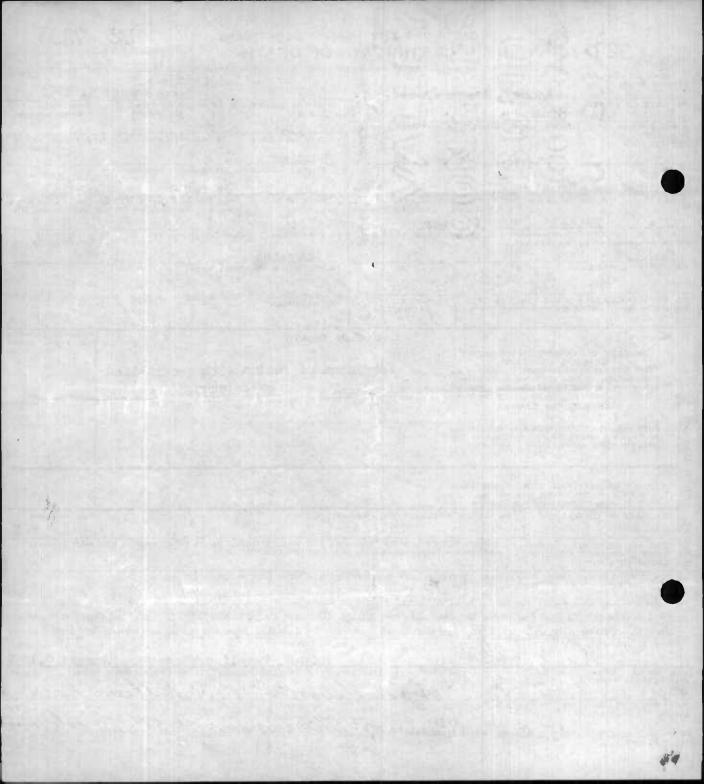
District the second of the second of .da magamilia and a troi . M . . Ol . 1 ev melan firm . The second of the second of

1	M	500						
	52	7395	B	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered	2. 7395	
B	IRTH NO.							
(7	NAME OF D					2. DATE OF		
		Moone	y, Fra	nk Joseph, Sr.		DEATH AUGU		
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I	f institution : residence before admission)	
В.	FULL NAME		al or instit	ution, give street address or location)	Maryland 3	alto Gutis	its, write RURAL and give	
110	ISTITUTION	C. T	1	- 11 A-7	township)			
-	_	ST. de	sepn	s Hospital	Baltimore #2			
				Mos.	O. STREET ADDRESS (If rural, give location)			
C		tay in Baltimore		Days	1124 Wilcox Street			
	Male	6. COLOR OR RACE	WIDO	LE, MARRIED, WED, DIVORCED (Specify) dower	8. DATE OF BIRTH	9. AGE (In years last birthday)	f Under 1 Year on the Days Hours Min.	
		CUPATION (Givekind of		D OF BUSINESS OR	11. BIRTHPLACE (State or fo	Oreign country)	1 12. CITIZEN OF	
wor	k done during most	of working life, even if retired)	10011111	INDUSTRY	The state of the state of the	overgn country)	WHAT COUNTRY	
1	energe				Maryland			
13	FATHER'S	NAME /	011	05	14. MOTHER'S MAIDEN NAME			
}		trought.	Mara	nels.	Mar conor	Mund	1	
15	. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16.80CIAL	17 INFORMANT	THAN 193	ADDRESS	
(Ye	s, no or unknown)	(If yes, give war or dated	of service)	SECURITY NO.	of Wearing 911		ADDRESS	
_	no			11/8/12	THUNGS MET	ney 11/29	WALKOW NO	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) Carcinoma of rectum with general metastases OUE TO metastases							INTERVAL BETWEEN ONSET AND DEATH	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)							
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about hame, farm, factory, street, affice bldg., etc.)				or 21c. WHERE DID (Ind.) INJURY OCCUR?	f in Baltimore City,	give exact location)	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
K	INJURY		m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	ended th	e deceased from Jul	y 18 , 19 52 to Au red at 8:00 am., from t	gust 5 , 195	2, that I last saw the	
	23A. SIGNAT		.0		38. ADDRESS	or cannot und on	23c. DATE SIGNED	

24A. BURIAL, CRYMA-TION, REMOVAL (Streity) DATE RECEIVED BY LOCAL REGISTRAR

24C, NAME OF CEMETERY OR CREMATORY

24B. DATE REGISTRAR'S SIGNATURE



52 7396 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Aug. 4,1952 Edward F. Young 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 3913 Bonner Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3913 Bonner Road Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | ft Under 24 Hours | Months Days | Hours Min. Oct.1.1877 Male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Meat Cutter Daubs Market Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelia Fisher Phillip T. Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Frances T. Young 3913 Bonner Rd. 18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Ostevelente Reputenticio. LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES munkulu atioply ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 1946to Quy , 196, that I last saw the 22. I hereby certify that I attended the deceased from Land that death occurred at M.m., from the causes and on the date stated above. deceased alive on 195 23A. SIGNATURE 23c. DATE SIGNED aca 5 195

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

8-7-1952

Loudon Park

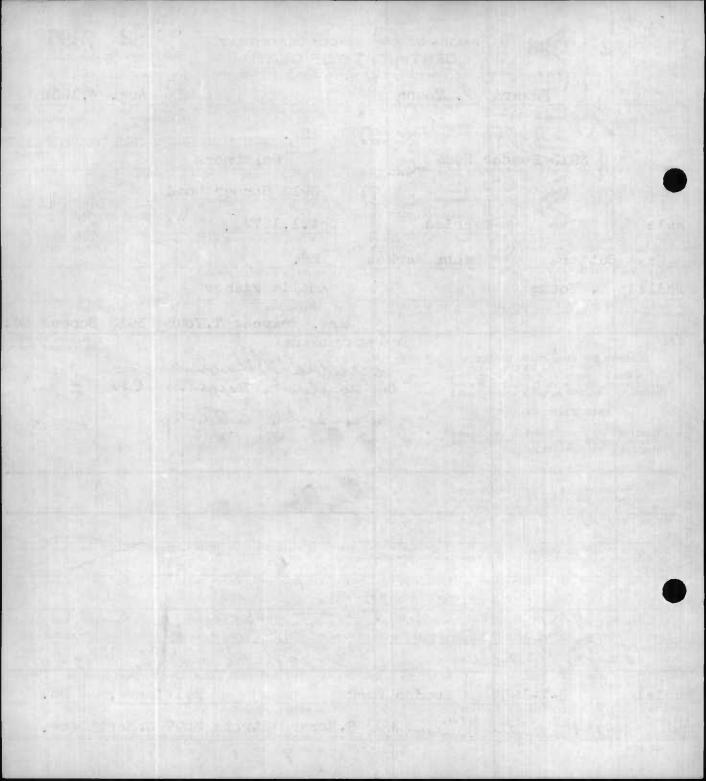
Baltimore,

240. LOCATION (City, town, or county)

11.2

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
ADCAL REGISTRAR
ADDRESS
AD

Burial



D-120 52 7397 BIRTH NO.	ERTIFICATE CORRECTE BALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT	S 52 Registered No.	7397
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland	Le Danis	4. USUAL RESIDENCE (V	2. DATE OF DEATH Where dccased lived, If inst	itution; residence before admission)
	r institution, give street address or location)	C, CITY OR TOWN (If	f outside corporate limits, w	
ength of stay in Baltimore 5. SEX 6. COLOR OR RACE 7	Yrs. Mos. Days		rural, give location)	4-03
Temale regro	WIDOWED, DIVORCED (Specify) DB. KIND OF BUSINESS OR INDUSTRY	6 - 13 - 1) 11. BIRTHPLACE (State or fo	last birthday) Months	
15. WAS DECEASED EVER IN U. S. ARMED FO. (Yes, no or onknown) (W yes, give war or dates of	DRCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN N	Harris	RESS
DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which caus	ying, e.g., (A) where the disease, led death.) OUE TO	of DEATH Cuila Jachyco	pkins Hospitat	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	NY, GIVING ATING THE OUE TO 2 4 -	line faction + d	ris of heart	2 ms (?
OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA	T RELATED MELLANS	LL OTHER ORGANS + meningeal	fuberculnis	2 ms (?)
21A. ACCIDENT WAS UNDER-	MAJOR FINDINGS OF OPER. 21B. PLACE OF INJURY (e. g., io bout home, farm, factory, street, office bldg., el	or 21c. WHERE DID (If in Baltimore City, give	YES NO Exact location)
21D. TIME (Month) (Day) (Year) (H	m. WHILE AT NOT WHILE			
23A, SIGNATURE	95 and that death occur	red at 8 0 m., from t 3B. ADDRESS JOHNS HOPKIN	the causes and on the course HOSPITAL 2	3c. DATE SIGNED
Bunial (Specify) Bunial (Oug.) Date Received by Local Registran	13 ethel ()	enters Ca 25-FUNERAL DIRECTOR	Brown sum	ounty) (State)
AUG 6 1952	7 5 2 7	201 Washi	netar st	1.

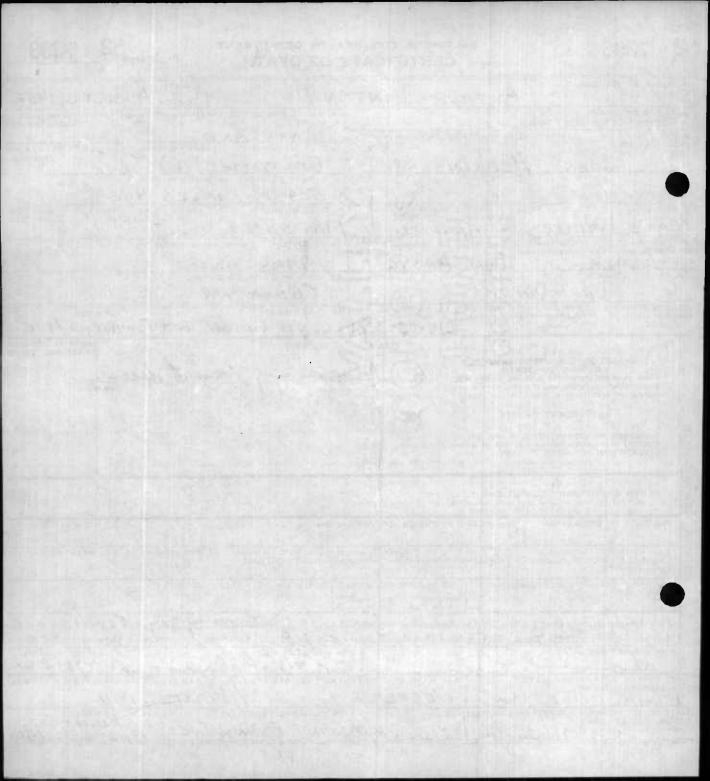
Certificate corrected from Communicable Disease Report Card(reported after death) #01006 from Dr. Richard N Peeler, JHH dated 8/6/52

#5	35
25	7398

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

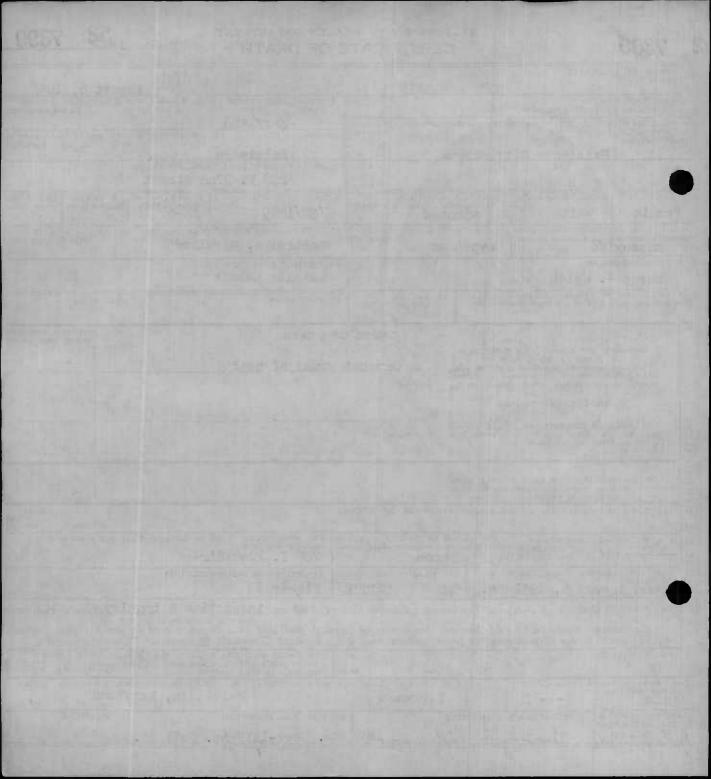
Registered No. 7398

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	ARTHUR LIN	TON	OF DEATH AUG	BUST 5, 1952
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in ho	spital or institution, give street address	MARYLAND		a d
HOSPITAL OR INSTITUTION	locati			ts, write RURAL and give
JOHN'S	HOPKINS	BALTIMORE		, 5 to to the same
	Yr Me		rural, give location)	
5. SEX 6. COLOR OR RA			psco Au	
A/1.	WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH		If Under 1 Year Il Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Givekin	MARRIED adof 10B, KIND OF BUSINESS OR	MAY 3,1887	63	LIA CITIZEN OF
work done during most of working life, even if reti	ired) O M. INDUST	RY M		12. CITIZEN OF WHAT COUNTRY
WELDER 13. FATHER'S NAME	DALTO. MARINE	14. MOTHER'S MAIDEN NA		
UNKNOW	an prepara	UNKNOW		
15. WAS DECEASED EVER IN U. S. AR				
(Yes, no or unknown) (If yes, give war or	dates of service) 214-03-35	17. INFORMANT	The second second	NSEND AUE.
18. 420.1	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY		1 . "	ONSET AND DEATH
(This does not mean the mod	de of dying, e.g., (A)	drawing he	and duce	re
heart failure, asthenia, etc. It injury or complication which				100000000000000000000000000000000000000
ANTECEDENT CA	ATTERS			
	(B)			
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE	S, IF ANY, GIVING		***************************************	***************************************
UNDERLYING CONDITION	LAST. (C)			
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(6)			
OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, B	NOITIONS CON-			
TRIBUTING TO THE DEATH, B	UT NOT RELATEO			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OF	PERATION		20. AUTOPSY?
AL				YES ND
21A. ACCIDENT WAS UNDER LAUSE OF DEATH		g., in or 21c. WHERE DID (1	f in Baltimore City,	
LYING OR CONTRIBUTING CAUSE OF DEATH	anout nome, farm, factory, street, once he	dg.,etc.) INJURY OCCUR?		
O. TIME (Month) (Day) (You INJURY	ear) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY	OCCUR?	
MOORT	m. WHILE AT NOT WH			
22 I hereby contifu that I	attended the deceased from		car 7 C 105	2 that I last saw the
deceased alive or	X, 1912 and that death oc	curred att P m from th		he date stated above.
23A. SIGNATURE	A A	23B. ADDRESS	te tauses and on t	23c. DATE SIGNED
Samuel	(Lalan M.O.	2038 week	aroas	1/6/52
24A. BURIAL, CREMA. 24B. DAT	E 24c. NAME OF CEME	TERY OR CREMATORY 246. LO	OCATION (City, town	, or county) (State)
BURIAL 8/9	152 WESTERI	v /B	ALTO., N	10.
	AR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
MIG 7 - 1052 +	tington W. Higues ME	JOHN F. DENNY,	INC. 15	LIGHT ST.
VS 150		0 3 0 7 3 0	O BA	210,00,110.
	675	30		

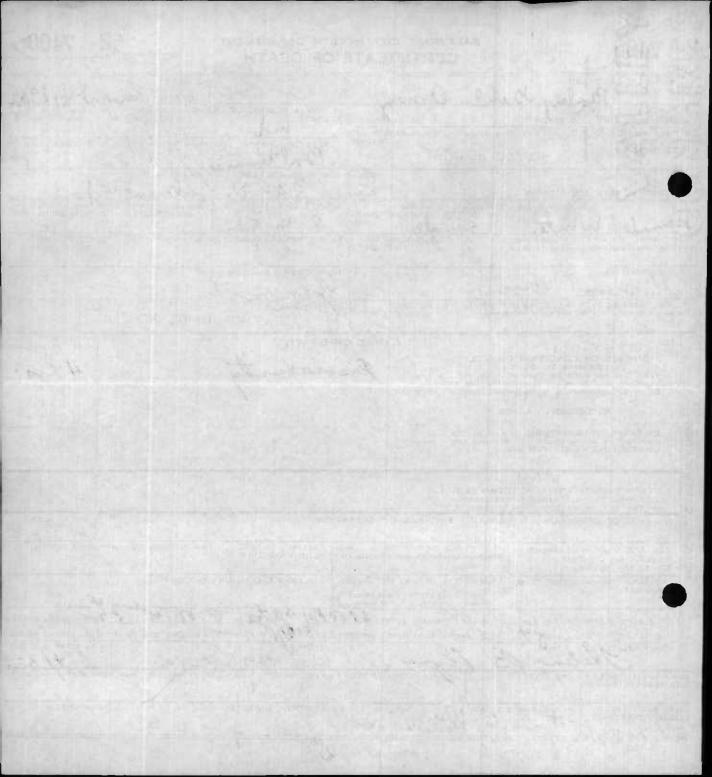


CERTIFICATE OF DEATH Registered No. 2 7399

E	IRTH NO.								
	. NAME OF DECE. Type or Print)	ASED	NODA	HADDIC			2. DATE OF		/ 3050
	. PLACE OF DEATH. Baltimore City,		NORA	HARRIS	4. USUAL RESID	ENCE (Wh		ed. If insti	6, 1952 itution; residence before admission)
В	FULL NAME OF		al or institut	tion, give street address or location)	Mary				RURAL and give
	Baltimore City Morgue				inore	12.	-0	township)	
-				Yrs. Mos.	D. STREET ADDR	ESS (If ru	ral, give location Street	on)	
2	ength of stay	OLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRT		9. AGE (In vea	rs If Under	1 Year It Under 24 Hours
		white	Wild	VED. DIVORCED (Specify)	5/20/1885		301	Months	Days Hours Min.
WOI	housewife	ing life, even if retired)	own l	O OF BUSINESS OR INDUSTRY	Baltimore			12.	CITIZEN OF WHAT COUNTRY?
1:	George F.				Estelle E		ME		
1 (Y	5. WAS DECEASED EV	ER IN U. S. ARME! yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDR	ESS
ATION	(This does not heart failure, as injury or compart of the ANT DISEASES OR RISE TO THE A	R CONDITION ADING TO DEA' mean the mode of thenia, etc. It mea plication which of ECEDENT CAUS CONDITIONS, I BOVE CAUSE (A)	TH of dying, e.; os the disease caused death SES F ANY, GIVING STATING TH	G., (A) Gunsho	OF DEATH t wound of h	ead	•		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
AL C	19A. DATE OF OF	PERATION	9B, MAJOR	FINDINGS OF OPER	ATION				YES NO X
EDICA	21A. EXTERNAL UNDERLYING A UTING L CAUS	CAUSE WAS OR CONTRIB- E OF DEATH.	218. PLA about home, f	ACE OF INJURY (e. g., in larm, factory, street, office bldg., e home	or 21c. WHERE DEC.) INJURY OCCU	IR?	in Baltimore C	ity, give	exact location)
N	21D. TIME (Mont OF INJURY Ound Augus			21E. INJURY OCCURRI		INJURY (OCCUR?		
	the evidenc	e obtained by	said Auto	remains described a psy, Inspection or I rom: natural causes	bove, held an 1 inquiry, find that \square , accident \square .	Autopsy, Installation Said decision Suicide (spection or Inquased died o	uiry n the de , unde	ay stated above, termined □. ATE SIGNED
TI	 4A. BURIAL, CREMOON, REMOVAL (Specify Burial	8-7-52		24c. NAME OF CEMETE Parkwood	D. MEDICAL INVI	24D. LOC	CATION (City, t	own, or co	
DL	ATE RECEIVED BY DOCAL REGISTRAR NG 7 - 1952	REGISTRAR'S	s signatu		25. FUNERAL DIR	ECTOR	Patil St.		DRESS
	1480	~ · · ·							



1 6	500								
BIF	7400 RTH NO. 5 2	-1839		TIMORE CITY HE			Registered 1	2 No	7400
	NAME OF DECEA	SED J	in	Oman			DATE OF DEATH (AMA	2222	411952
A. 3	Baltimore City,	Maryland		y	4. USUAL RESIDE	NCE (Where	dcceased lived. If B. COUNTY		ion: residence before admission)
HO	FULL NAME OF SPITAL OR STITUTION	OHNS HOPKI		on, give street address or location)	c. CITY OR JOWN	(If outsi	de corporale limit	s, write	RUPAL and give township)
	ength of stay i	n Baltimore	V 19	Yrs. Mos. Days	D. STREET ADDRE	SS (If rural	give location)	-61	4
F		Unte.	wibow 5 1	. MARRIED. EP, DIVORCED (Specify)	8. DATE OF BIRTH	12	lnst birthday) Mo		ays Hours Min.
work	done during most of work	ing life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	V.	(country)		TIZEN OF HAT COUNTRY?
13.	FATHER'S NAME	3 On	reli		14 MOTHER'S MA	IDEN NAME			
15. (Yes,	WAS DECEASED EV no or unknown) (If	ER IN U. S. ARMED	FOR (EST of service)	16. SOCIAL SECURITY NO.	17. NFORMANT JOHNS	HOPKINS	HOSPITAL	DDRES	S
	(This does not heart failure, as injury or comp	R CONDITION DING TO DEAT mean the mode o thenia, etc. It mea dication which c	H f dying, e. g ns the discase aused death.	(A) Pr	of DEATH	ly			FERVAL BETWEEN SET AND DEATH 4 Lise
RTIFICATION	RISE TO THE A	CONDITIONS, II BOVE CAUSE (A) CONDITION LA	STATING TH	G					
CERTIF	TRIBUTING TO	FICANT CONDITION THE DEATH, BUT E OR CONDITION	NOT RELATE	D					
	19A. DATE OF OF			FINDINGS OF OPER	RATION				O. AUTOPSY?
TEDICAL	21A. ACCIDENT LYING OR CO- CAUSE OF DEAT	NTRIBUTING		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			Baltimore City,		
Σ -	INJURY (Mont	h) (Day) (Year)		VHILE AT NOT WHILE WORK NOT WORK		INJURY OC	CUR7	4	
	deceased alive of	naug 4	ended the , 19 52 ,	deceased from 68 and that death occur	rred at 8 16 pm.,	to 8:	WPM, 195 nuses and on t	he dat	e stated above.
	A. BURIAL, CREM	elen 1	3. 7.	M. D.	JOHNS HOP		PITAL FION (City, town	6	DAYE SIGNED Ay) (State)
TIOI	N, REMOVAL (Specify	7)		Hort Di	how	nate of the second			
LO	TE RECEIVED BY CAL REGISTRAR	REGISTRAR	gton /	Villiams M.	25. FUNERAL DIR	ECTOR	0 0	ADDF	RESS
===	VS 150	Hosp	utiv	Propo	200	7			

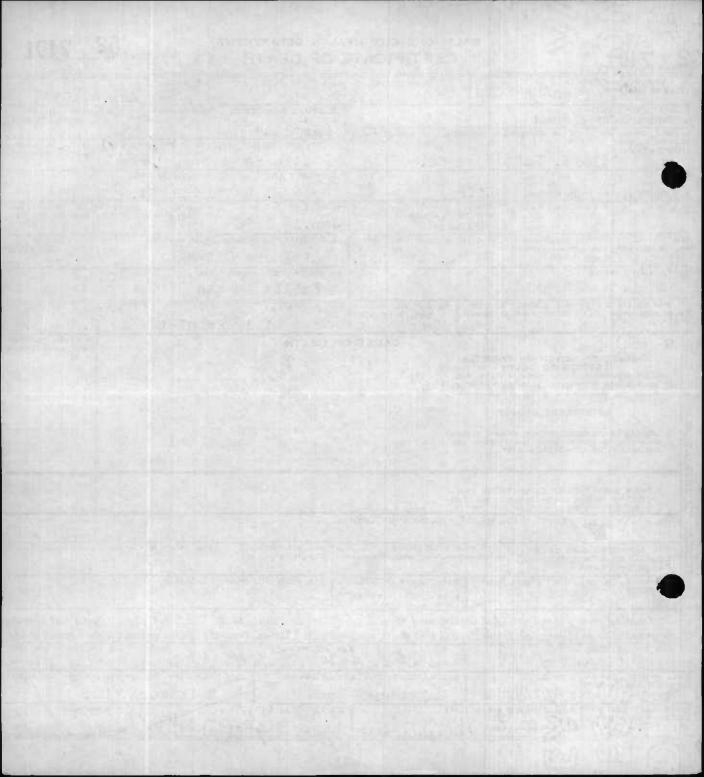


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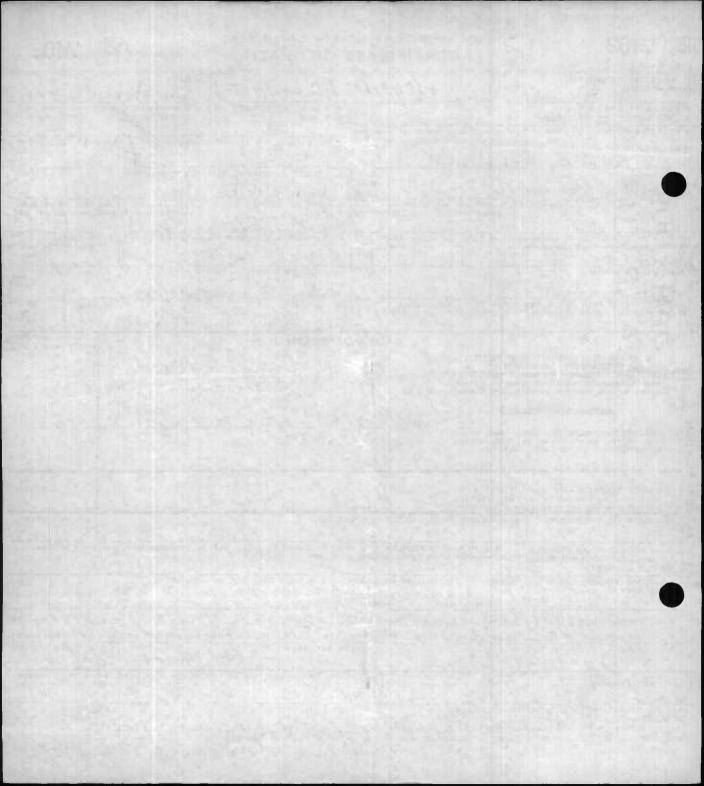
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7401

Dittill ito:				
1. NAME OF DECEASED (Type or Print) ANNA SCHMIDT			2. DATE OF AUG.	4,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR INSTITUTION) 2516 E. Baltimore S	4. USUAL RESIDENCE (VA. STATE Maryland C. CITY OR TOWN (IN Baltimore			
c. Length of stay in Baltimore Life	Yrs. Mos. Days	D. STREET ADDRESS (If 2516 E. Balt	imore St.	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF	F BUSINESS OR	Jan. 14, 1878 11. BIRTHPLACE (State or for	last birthday) Mont	der 1 Year If Under 24 Hours hs Days Hours Min.
School Teacher Balto. 13. FATHER'S NAME Christian Schmidt	City Ret.	Baltimore Ci 14. MOTHER'S MAIDEN N. Emilie Toeb	ty AME	WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. NONE	17. INFORMANT Miss Lilly S	ADD	eress E.Balto.St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A)	enility		ONSET AND DEATH
19a. DATE OF OPERATION 19b. MAJOR FILE 21a. ACCIDENT WAS LINDER. 21b. PLACE	NDINGS OF OPER. OF INJURY (e. g., in factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, giv	20. AUTOPSY? YES NO e exact location)
CAUSE OF DEATH T. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) BATE RECEIVED BY REGISTRAR'S SIGNATURE	. INJURY OCCURRE AT WORK Ceased from 10- d that death occur M.D. 4 NAME OF CEMETER Baltimore	3 - 5 19 , to 8 red at 6.40 p.m., from t. 3B. ADDRESS O 8 S. Patt. RY OR CREMATORY 24D. L.	he causes and on the Ph. Com. OCATION (City, towner) Baltimore	date stated above. 20c. DATE SIGNED .S./452
AUG 7 - 1952 Huntington Will VS 150	1 0938	North & Broad	ns, inc	J. Saule

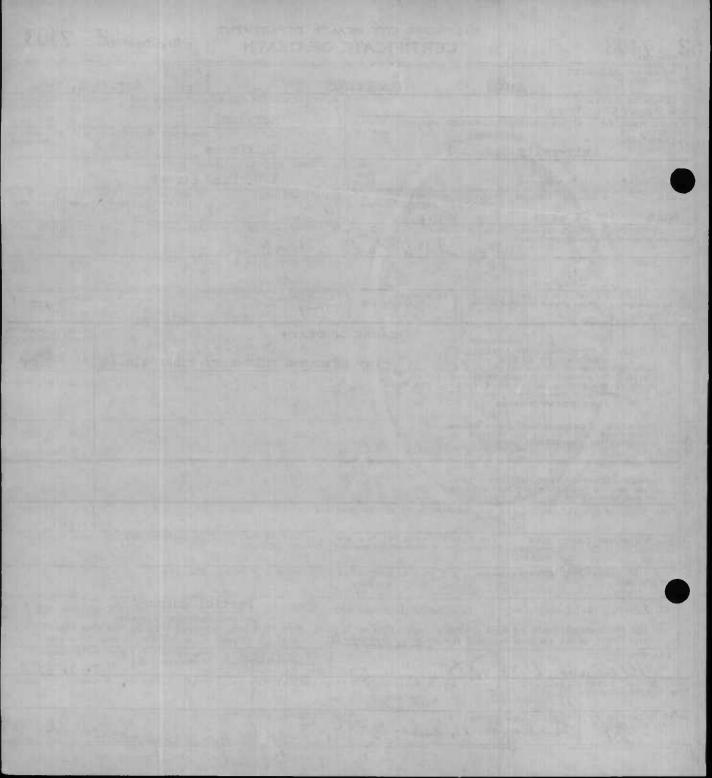


425	
2 7402 BALTIMORE CITY H	SEALTH DEPARTMENT 52 7400
BIRTH NO. CERTIFICAT	TE OF DEATH Registered No. 7402
1. NAME OF DECEASED (Type or Print) Dehashmutt Charles T. (CHARL)	es T. De LASHMUTT) 2. DATE OF DEATH SIGISON (Med.)
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR	
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
South Saltimore General Rospital Yrs.	
c. Ength of stay in Baltimoral Cont 40 200. Mos. Days	1331 Webster Street
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years ff Under I Year ff Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTR	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Dehashmutt	Sallie E. Baumgordner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or maknown) (If yes, give wer or detea of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
18. 331 X and F 931.0 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	DISET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ebral Vascular Hickent
injury or complication which caused death.) DUE TD	MITOMPOS.'S?
ANTECEDENT CAUSES	roselentis Vacco Par
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0.20 al
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	+ 01/0
O TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20, AUTOPSY?
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	YES ND
218. PLACE OF INJURY (e. g. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHIL	
	1 2 3 - 1952, to 8 - 6 -, 1962, that I last saw the
deceased alive on 5 - 6 -, 19 -, and that death occur	urried at 1:16 am., from the causes and on the date stated above.
Qua a - tsing wong M.D.	1213 Jight Street 8-6-1957
24A. BURIN, CREMA- 24B. DATE LOS 24C NAME OF CEMET	TERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bould - (Clue, 9, 1952 / My. Da	ver com lasto, ma.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
Ve 150	a la
VS 150	Chords It - Balto - 29 Ma.

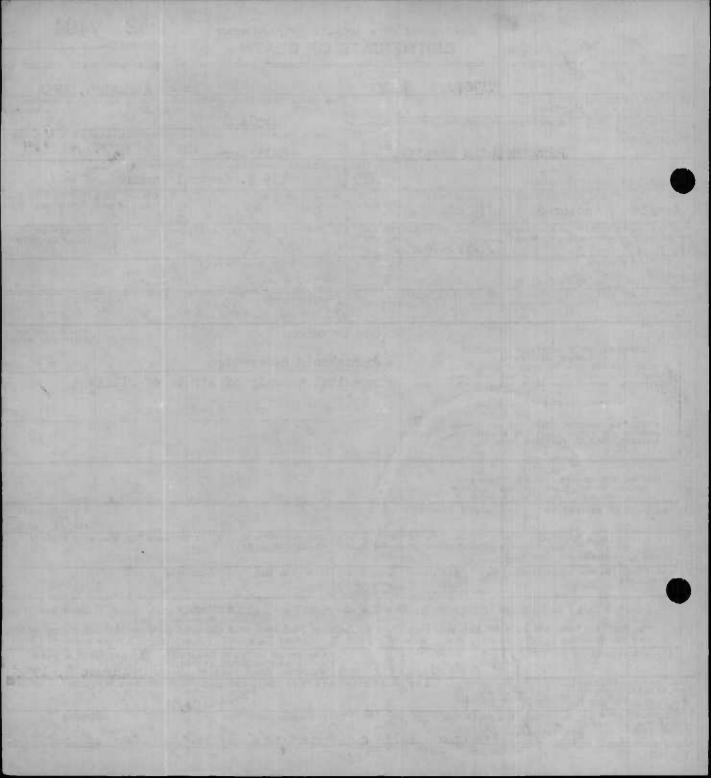


BALTIMORE CITY HEALTH DEPARTMENT

2 7403 BIRTH NO.	CERTIFICATI	E OF DEATH	Registered Noz	7403
1. NAME OF DECEASED (Type or Print)	MACUTNO		2. DATE OF Angust	/ 1052
3. PLACE OF DEATH: A. Baltimore City, Maryland	WASHING	4. USUAL RESIDENCE (Who		4, 1952 ution: residence before admission
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR	itution, give street address or location)	Maryland c. CITY OR TOWN (If or	itside corporate limits, yr	
University Hospi		Baltimore	4-0	township
D. W. C. A D. W.	Yrs. Mos.	D. STREET ADDRESS (If ru		
	GLE. MARRIED.		O. AGE (In years) If Under last birthday) Months	Year If Under 24 Hours
Male Colored	OOWED, DIVORCED (Specify)	1700	5/9/A.	9 9 9 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	THE BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	The state of the s	14. MOTHER'S MAIDEN NAM	1E	
puttrour.		mkrow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	BINTLO SW. A	911 Calhon	ss V
18. 002X	CAUSE	OF DEATH		NTERVAL BETWEE
heart failure, asthenia, etc. It means the di injury or complication which caused d ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT REI TO THE OISEASE OR CONDITION CAUSIN	(B)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	LATED			*************************************
U 19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
	PLACE OF INJURY (e. g., in ome, farm, factory, street, office hidg.,		in Baltimore City, give e	xact location)
210. TIME (Month) (Day) (Year) (Hour) FINJURY	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		OCCUR?	
22. I certify that I took charge of t	the remains described a	ouce, need are		ereon and from
the evidence obtained by said A and death in my opinion resulte		nquiry, find that said dece		
William Uxoras	M	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX .D. MEDICAL INVESTIGATOR	AMINER Aug.	
TION, REMOVAL (Specify)	MAT CEMETE	RY OR CREMATORY 24b. LOC		
DATE RECEIVED BY REGISTRAR'S SIGN. LOCAL REGISTRAR UG 7 1952	Williams, M.	25. FUNERAL DIRECTOR	neral Home	PRESS
V S 151	7780619	1949 Edm	windown As	~es



17-20 BIRTH NO.	D 52 7404			EALTH DEPARTMENT E OF DEATH Reg	52 7404 gistered No.
1. NAME OF D (Type or Print)	ECEASED	VERNA	RICKS	2. DATE OF	
	City, Maryland			4. USUAL RESIDENCE (Where decease A. STATE B. CO	H August 6, 1952 Bed lived, If institution: residence DUNTY before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF I'f not in hospita	d or institution	n, give street address or location)	Maryland c. CITY OR TOWN (If outside corp	porate limits, write RURAL and give
	Johns Ho	pkins H	ospital Yrs.	Baltimore D. STREET ADDRESS (If rural, give l	
	tay in Baltimore		Mos. Days	125 N. Central A	
female	6.COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D. DIVORCED (Specify)	12 - 9-1918 9. AGE (1 last bir 3	In years If Under I Year If Under 24 Hours thday) Months Days Hours Min.
work done during most	CUPATION (Give kind of of working life, even if retired)	TAVE	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	(TY) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S I	GRAHAM			MARTHO WE	2-7
15. WAS DECEASE (Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17, INFORMANT RICKS	9/3N. Nota 54
DISEASE: UNDERLY ULL OTHER S	s not mean the mode or ire, asthenia, etc. It mean complication which complication which complication which complication which complication complications are complicated as a complete	as the disease, aused death.) ES ANY, GIVING STATING THE ST.	(~)	chnoid hemorrhage	of Willis
TO THE D	F OPERATION 19		INDINGS OF OPER	ATION	20. AUTOPSY?
UTING C	NAL CAUSE WAS G OF OF CAUSE OF DEATH. Month) (Day) (Year)	Hour) 21	E OF INJURY (e. g., in, factory, street, office bidg., e	(a) INJURY OCCUR?	ore City, give exact location)
the evi	ath in my opinion i	ge of the re	mains described a sy, Inspection or I m: natural causes	Autopsy Autopsy, Inspection on quiry, find that said deceased di accident , suicide , homic assistant medical examiner. ASSISTANT MEDICAL EXAMINER. D. MEDICAL INVESTIGATOR.	ed on the day stated above, ride [], undetermined [].
24A. BURIAL, C TION, REMOVAL (S BOMAN) DATE_RECEIVED LOCAL REGIST	BY REGISTRAR'S	SIGNATURE	C. NAME OF CEMETE	TINS SUNERAL DIRECTOR	
V S 151	- " purlington	Wellian	17 24 26 4	Josephan of orella.	~ /304 N. Cenhy D

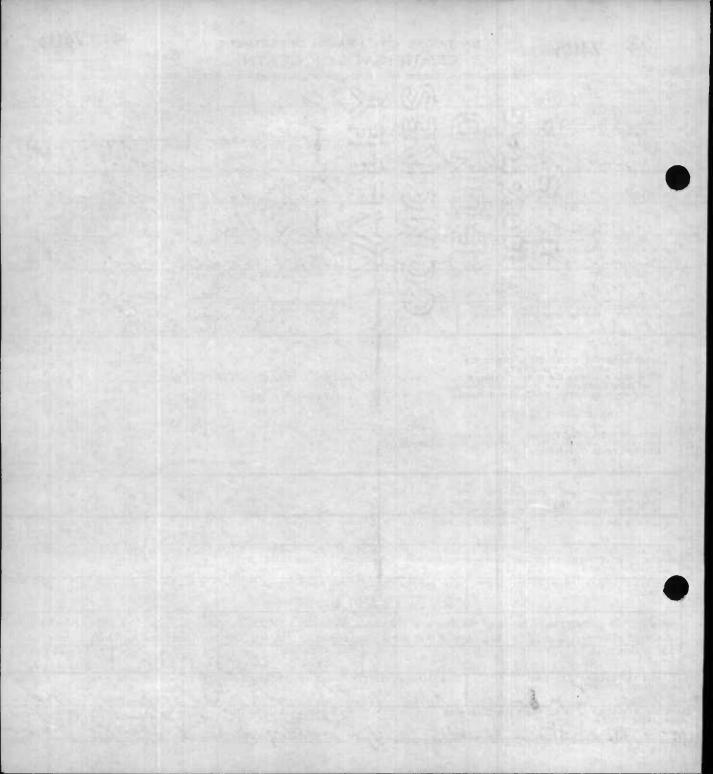


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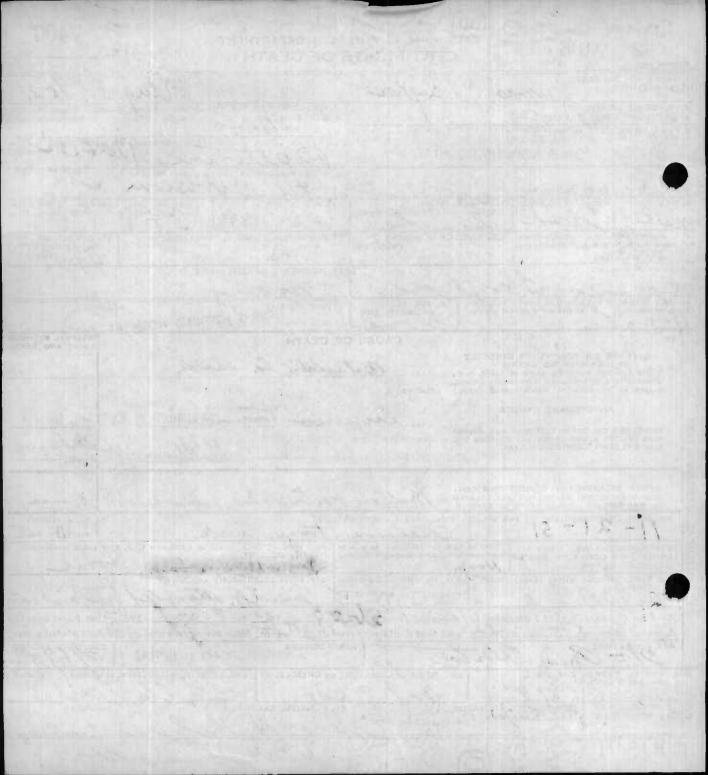
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7405 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Munice M.	halp DEANIS. 4, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived if institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locati	
1418/10 Cullon S	1. Dattinine (Winship)
Longth of stars in Baltimans 44 1 11 2 Mg	08.
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year Il Under 24 flores
temple coursed hidren	001.00 1115 66
10A. USUAL OCCUPATION (Give kind of work deeds during most of working life, even if retired) INDUST	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
alfred Howard	Muknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	. Thus ormanic tongs to consess
18. July X	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cristelliolie cardio - 3gis.
	reular-shual direase
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	CONTRACTOR OF THE PROPERTY OF
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY?
218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bl	g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
o. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WH WORK AT WORK	
22. I hereby certify that I attended the deceased from	January, 1949, to Clegat 4, 195 that I last saw the
deceased alive on 44, 1952 and that death oc	curred at 615 m., from the causes and on the date stated above.
Tamin P. Carry, M. D.	1427 Madraen Olve 8.6.52
24A. BURIAL, CREMA- 24B. DATE 24G. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	1 25 FUMERAL DIRECTOR SOURCES
LOCAL REGISTRAR H. t. to to WH.	1630 Marin Hill Che
VS 150	



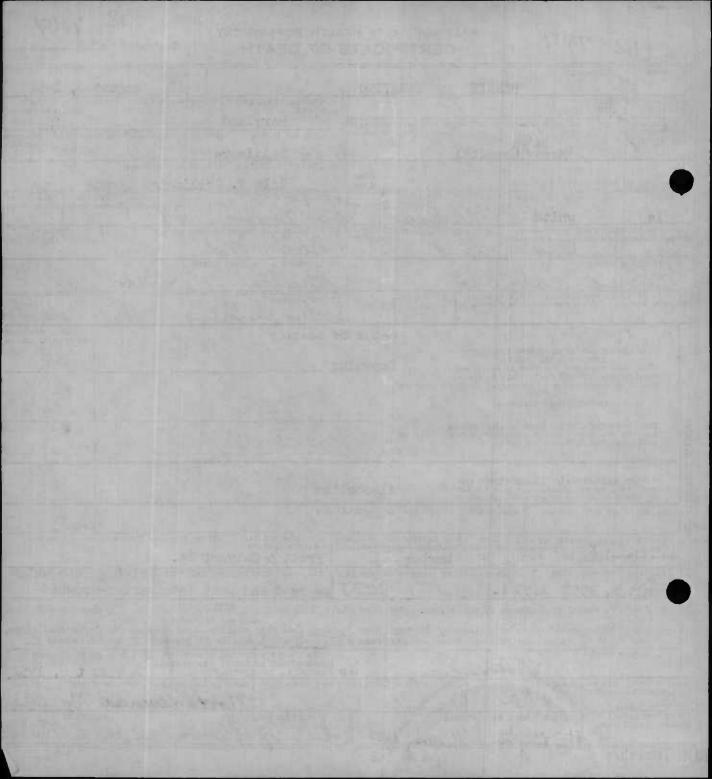
man Cose, Relined	to Montatel 52 7406
52 7406 BALTIMORE CITY HE CERTIFICATE	
BIRTH NO.	
1. NAME OF DECEASED James Jaylor	DEATHING, S, 1 152
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF / (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN / (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL	Daltemore 14 Waship)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SHIGLE, MARRIED.	1911 Ovision &
mile Stores WIDOWED, DIVORGED (Specify)	1 - 2 6 - 1898 9. AGE (In years If Under I Year In Under 24 Hours In Inches
IOA. USUAL OCCUPATION (Give kind of to B. KIND OF BUSINESS OR work dame during most of working life, even [fretired]	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Waiter Restaurant	md. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Laylor	mary.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 56 or unknown) (If yes, give war or detes of strylce) SECURITY NO.	17. INFORMANT ADDRESS
1/no none	JOHNS MOPKINS HOSPITAT
18. 141 x and E978 x CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tastatie Ca neck
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	cumen TanguiceRTIFICATION APPROYED BY
O DISEASES OR CONDITIONS, IF ANY, GIVING	
	William Vostillas
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	1 -6 0
TRIBUTING TO THE CEATH, BUT NOT RELATED Multiple	fractions - hip relies os calcio 3 mas.
194. DATE OF OPPRATION 198. MAJOR FINDINGS OF OPEN	ATION 20. AUTOPSY?
5 /1- 21 751 Carrison a	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, nifice bidg., et	nr 21C. WHERE DID (If in Baltimore City, give exact location) tc.) INJURY OCCUR?
CAUSE OF DEATH	JI- Tome
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	I di hamplish
m. WORK L. AT WORK L.	The state of the s
22. I hereby certify that I attended the deceased from	192, to 8/5, that I last saw the
deceased alive on 15, 19, and that death occur	red dt 3/ 4 m., from the causes and on the date stated above. 3B. ADDRESS. 23C. DATE SYGNED
I'm Freez storter M.O.	3B. ADDRESS OHNS HOPKINS HOSPITAL 23C. DATE SIGNED 8/6/52
24A. BURIAL, CREMA- 24B. PATE 24C. NAME OF CEMETER	
Bunal 8/8/52 m/ 2	con Ballo 'ma
DATE RECEIVED BY BEOFTBAR'S LIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Tintington Williams, My	Heo. G. Kelpan 1303
M18=750 1957 Le Challeton & FU	007090 9- 01
110	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1



-0 7311/	EALTH DEPARTMENT F.OF DEATH Registered No.	
BIRTH NO.	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) BENNIE SABATINO	2. DATE OF DEATH August 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admiss	
B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate Units, write RUDAL and	give
Mercy Hospital	Baltimore 8-04 towns	hip)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1/16 N. Collington Avenue 8. DATE OF BIRTH 9. AGE (In years) H Under Year H Under 24	House
male white Married (Specify)		lin.
10A. USUAL OCCUPATION (Give kind of work from during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	RYT
Maria of Salatina	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Evelyn Sabating - 1416 M. Collins	to
18. E 8 23. 4 . AND 322,2 CAUSE	OF DEATH	EEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DE	ATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ng	10 00 0 00 00
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		••••••
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	lism	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY	?
7 100 100 100 100 100 100 100 100 100 10	YES NO	
21A. EXTERNAL CAUSE WAS UNDERLYING IX OR CONTRIB. about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Pratt & Calvert St.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	Distriction with	h
igust 6, 1952 1:00 A. m. WHILE AT NOT WHILE	I swerved and went into harbor-drowned	
22. I certify that I took charge of the remains described a	bove, held an autopsy thereon and fr	om
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated about \square , accident \square , suicide \square , homicide \square , undetermined \square .	ove,
23A. SIGNATURE RAGE	238. CHIEF MEDICAL EXAMINER	
24A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETER TION REMOVAL (Specify)		,

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR ADDRESS John C. Millin Fix - 2435-E. Olipst



52 7408

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

52 7408

1400		
CERTIFICAT	'E OF DEATH Reg. Dist. No.	•••••
PLACE OF DEATH	I A VIGUAL BEGUNDAGE GLOVEN OF SPONTONS	
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
Batte. City MARYLAND		
(If outside corporate limits, write RURAL and LENGTH OF STAY give nearest town). (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
The Baltimore	TOWN Baltimore, Md. / L	-01
HOTAL OR Windsor Rest Home	ADDRESS 333 W. Trural, give location)	
STREET ADDRESS	ADDRESS 111 W. Lee Street,	
NAME OF SORS, WINDSOY AMOR	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) WILLIAM E C	A D O C V	nd 152
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE iast birthday If under I	
M WIDOWED, DIVORCED, (Specify)	12-26-1871 7. Vrs. Months	Days Hours Min.
a. USUAL ACCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN AN WHAT
one during most of working life, even if retired) INDUSTRY		OUNTE!
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1191
Lauren d'essi Cabacal	2000 011. 7/000	
Was Drawager Furrer In H 2 A purp Forgree? Like Contain Security No.	17 NOORMANT AND ADDRESS	
Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. NORMANT AND ADDRESS	
(service)	James O. space	4
420.0 IS. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DIEBVAL DETWEEN
		1 /- /
Immediate cause (a) Arterio Sciero	otic heart disease	4/5/50
Antecedent cause(s)		
Diseases or conditions, if any, (b) General arterio	sclerosis	?
giving rise to the above cause stating the underlying cause last		
contract the annually ring consecution		
OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No STATE)
SUICIDE OF office bldg., etc.)	(CITT ON TOWN) (COUNTY)	(SIAIE)
HOMICIDE INJURY TIME (Mouth) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INJOH! OCCOR!	
INJURY m. Work At work		
2. I keby certify that I attended the deceased from Apr.	5 10 50 to 8/2/ 1052 that I last an	ny the decement
	IV tuat I last sa	w one deceased
alive on 7/31/, 19.52 and that death occurred at.	3.10.Pm., from the causes and on the date state	ted above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Story Delle with	1226 Hanover, St.	8/2/52.
DUDYAY ODDIVATION I DATE THEODOG IN 1919 OF CHILDREN		
REINTOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)
1) 15-3-0-1024 31	el o luggesou	a my
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7409

GBIRTH/ NOU J						
1. NAME OF DECEASED (Type or Print) FARL B. LEE	2. DATE OF DEATH August 3, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF "I not in hospital or institution, give street address or	Maryland					
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
University Hospital	Baltimore (7-1)					
Yrs. Mos.	o. STREET ADDRESS (If rural, give location					
ength of stay in Baltimore Days 5. SEX 6. COLOR OF RACE 7. SINGLE MARRIED	750 W. Lexington St.					
WIDOWED, DIVORCED (Specify)						
male colored single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY						
13. FATHER'S NAME	Ballo, mel. M.S.a.					
2)	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Souse del					
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	Nouse del 750 W Felington St					
18. 002X CAUSE	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ary tuberculosis					
injury or complication which caused death.) OUE TO						
ANTECEDENT CAUSES						
Z DISEASES OF CONDITIONS IS ANY CHANG						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO						
UNDERLYING CONDITION LAST.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TRIBUTING TO THE OEATH, BUT NOT RELATED Fatty liver						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	(V)					
218 PLACE OF INTURY (a.g. le	n or 21c. WHERE DID (If in Baltimore City, give exact location)					
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?					
m. work AT WORK						
22. I certify that I took charge of the remains described a	Autopsy, Inspection or Inquiry thereon and from					
the cvidence obtained by said Autopsy, Inspection or I	'nquiry, find that said deecased died on the day stated above,					
	I, aecident □, suicide □, homicide □, undetermined □.					
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	D. MEDICAL INVESTIGATOR					
TION, REMOVAL (Specify)	1 . / B.4					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS >> 2.					
LOCAL REGISTRAR Turtington WH.	Man Not Blikell					
	Ms Pales 10 Williams surveyer					
V S 151	9					

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7410

1. NAME OF DECEASED 2. DATE (Type or Print) ames Johnson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write RURAL and give INSTITUTION (If rural, give location Yrs. Mos. ength of stay in Baltimore Days 9. AGE (In years | If Under 1 Yest | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) manied 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 0115 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or uoknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY exiosclembie Cardinuscula LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an thercon and from Autopsy Anspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24d NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY DIRECTOR LOCAL REGISTRAR

NOCHYOL CONFL

Johns Hopkins Hispitel

Proprietaria Chamana

258 6

10000000

5065A

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

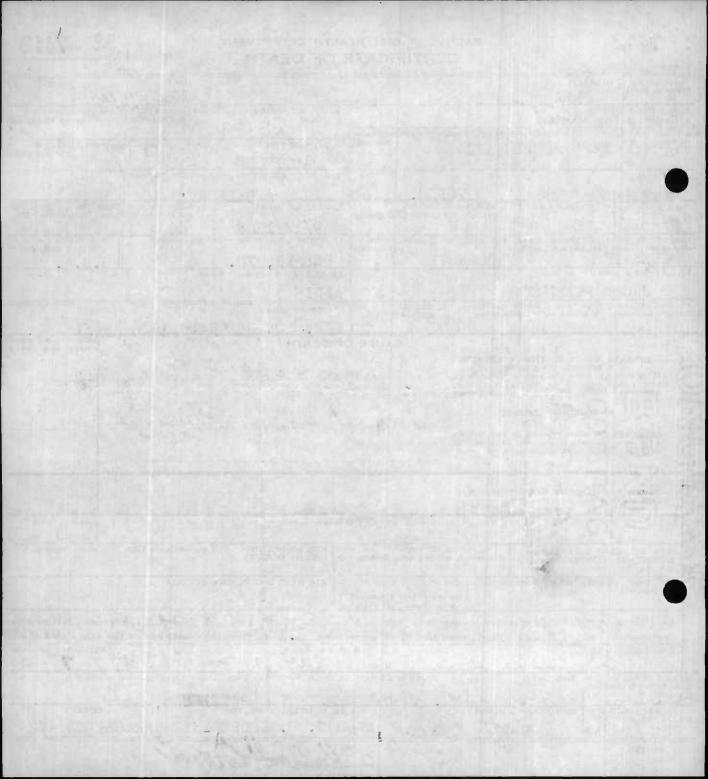
52 7411 Registered No.

BIRTH NO.							
1. NAME OF DEC (Type or Print)		EUGENE	GRAHAM			2. DATE OF DEATH	August 5, 1952
a. PLACE OF DEA a. Baltimore Cit b. FULL NAME OF HOSPITAL OR INSTITUTION	y, Maryland f not in hospit	al or institution,	give street address or location)	a. STATE Mary	land	ere deceased live B. COUNT	ed. If institution : residence
ength of sta	y in Baltimore	порт	Yrs. Mos. Days	D. STREET ADDR	ESS (If ru	ral, give location	
male 10A. USUAL OCCU	chman-retire	marr 10s. KIND O	ARRIED, DIVORCED (Specify)	Sept. 19 19 11. BIRTHPLACE (Kingston, BI 14. MOTHER'S MA Mary Ann	885 State or fore	AGE (In year last birthday 66 ign country)	Months: Days Hours A
15. WAS DECEASED (Yes, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 11	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
Z DISEASES OF RISE TO THE UNDERLYIN OTHER SIG	OR CONDITION EADING TO DEA: ot mean the mode of asthenia, etc. It mea maplication which of NTECEDENT CAUS OR CONDITIONS, I ABOVE CAUSE (A) IG CONDITION LA NIFICANT CONDITION OF THE DEATH, BUT	TH f dying, e. g., ns the disease, aused death.) GES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED		OF DEATH	ovascul	ar disea	INTERVAL BETWONSET AND DE
U 19A. DATE OF	OPERATION 1		NDINGS OF OPER	ATION			20. AUTOPSY
UTING CAL	OR CONTRIB- JSE OF DEATH.	about home, farm,	OF INJURY (e. g., in factory, street, office bldg., e	or 21c. WHERE D	DID (If i	n Baltimore Ci	ty, give exact location)
F INJURY	onth) (Day) (Year)	(Hour) 21E. WHIL WO		ED 21F. HOW DID	N YRULNI (CCUR?	
the evide	nce obtained by h in my opinion	said Autopsy resulted from	, Inspection or In: natural causes	nguiry, find that	Autopsy, Ins said dece suicide []	pection or Inquased died or , homicide [n the day stated about \square , undetermined \square .
24A. BURIAL. CRE	MA- 248, DATE	Tishe	1 М.	238. CHIEF ME ASSISTANT ME D. MEDICAL INVE RY OR CREMATORY	EDICAL EXA ESTIGATOR	AMINER	August 6, 195
DATE RECEIVED E	1 9/9/5	of GIGNATURE for Wal	isus, My	EXECUTE AL DIR	Her J	ber 51	ADDRESS
V S 151			763 74	7 1 4	O Cole	well	way,

11	30	
5	7412	

CERTIFICATE OF DEATH Registered No. 7412

В	IRTH NO.			and the	CERTIFICATI	OF DEATH	registered	110.
1. NAME OF DECEASED (Type or Print) EMMA CROWDY						2. DATE OF DEATH 8/1,/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE		If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 1226 ARGYLE AVE					on, give street address or location)			nits, write RURAL and give township)
G.	Length of	stav in F	Baltimore	7	Yrs. Mos. Days	D. STREET ADDRESS (1		1
	SEX		OR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days Hours Min.
	A. USUAL O		ON (Give kind of	108. KIND	OF BUSINESS OR INDUSTRY	9/12/1868 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEW	IFE		DOME		BELAIR MD.	NAME	U.S.A.
			REMAN			ANNIE ?		
(Ye	s, no or unknown	(If yes,	IN U. S. ARMED give war or detes	FORCES? of service)	16. SOCIAL SECURITY NO. NO NE	MRS. LOUISE	TRATE 1226	ADOVI E AU
	DISEA (This doe	LEADIN s not mea	CONDITION ING TO DEAT	H dying, e.g	CAUSE (of DEATH		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
CERTIF	TRIBUTIN	G TO THE	ANT CONDITION DEATH, BUT I	NOT RELATE	D			
. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION				20. AUTOPSY?				
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCC				or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	r, give exact location)		
Σ	D. TIME INJURY		(Day) (Year)		VHILE AT NOT WHILE NOT WHILE AT WORK	D 21F, HOW DID INJUI	RY OCCUR?	
						the date stated above		
	23A. SIGNA			1 1)	2	1824 W. 7	ranklin d	23c. DATE SIGNED
BO	4A. BURIAL. ON, REMOVAL (URTAL, ATE RECEIVE OCAL REGIS AUG	Specify)	8/7/52 REGISTRAR'S		MT. AUBURN (
	VS 150		la.	0	1 4 4 60	Lacko 46	refer	



BALTIMORE CITY HEALTH DEPARTMENT

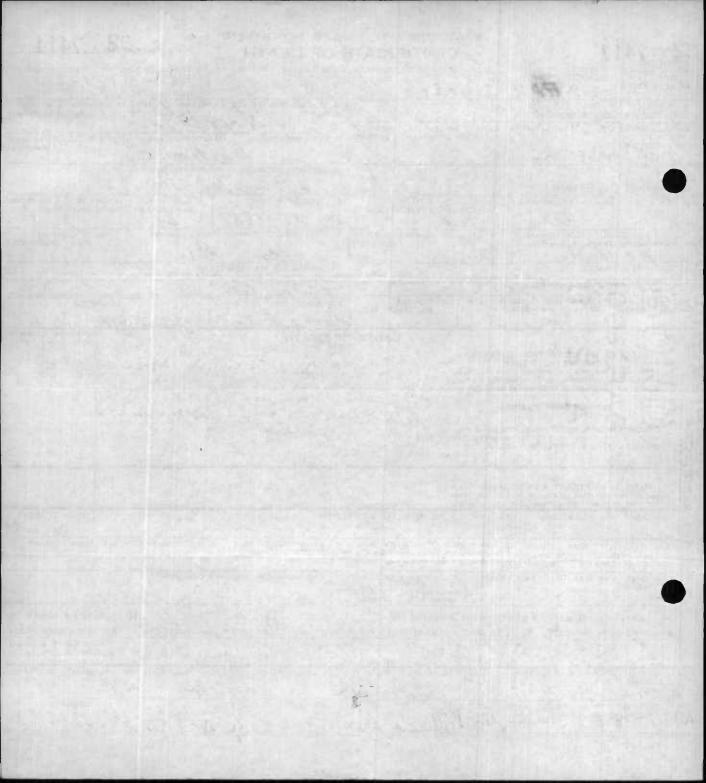
Registered No. 7413

BIRTH NO.	IE OF DEATH				
1. NAME OF DECEASED	2. DATE				
(Type or Print) THEOLA NELSON WILLIAMS	OF DEATH 8/4/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address					
HOSPITAL OR location	township)				
797 W, SARATOGA ST	BALTIMORE				
Yrs. Mos					
c. Length of stay in Baltimore LIBE Days	3 7970. SARATUGA STREET				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours y) last birthday) Months: Days Hours Min.				
F C MARRIED	10/15/1917 34				
IOA. USUAL OCCUPATION (Give kind of Work done during most of work lone during most of work lone life, even if retired) HOUSEWIFE DOMESTIC	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
IDOPEDITO	BALTIMORE U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
CLARANCE WYCOFF	BESSTE NELSON				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(11 yes, give war or dates of service) SECURITY NO.	JAS. B. WILLIAMS(H)797 SARATOGA ST				
	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	RRHOSIS OF GIVER 6 MOS?				
heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	NCHO PNEUMONIA 4 DAYS				
DISEASES OR CONDITIONS, IF ANY, GIVING	770/12				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
(c)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?				
N Company of the comp	YES NO L				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
CAUSE OF DEATH					
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK AT WORK					
	14 5 , 1952, to AUG 4 , 1952 that I last saw the				
descensed alive on A VG 4 1952 and that death one	urred at 9.30Pm., from the causes and on the date stated above.				
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED				
Ewellam Frey M.D.	1928 Penna Ge 8/6/50				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
BURTAT, 8/8/52 BALTO, NAT	II CEMPREDY DATED MD				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
AFAS PEGISTRAS	CHARLES G. COOPER-512 CARROLLTON AV.				
The thington Williams Mills a					
VS 150					
12082	July College				

7.6	0	
52 BIRTH N	7414	
1. NAME (Type or	OF DECE Print)	100

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7414

BIRTH NO.					
Type or Print) SARAH BAKER	2. DATE OF B/6/52				
B. PLACE OF DEATH: A. Baltimore City, Maryland S. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) SINAI HOSPITAL	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Ongth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 27026/endd/e 131				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 1 Under 1 Year 1 Under 24 Hours 1 Under 24 Hours				
OA, USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Salome Marsh	14. MOTHER'S MAIDEN NAME Sarah Killman				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (fee, no or unknown) (If yee, give war or dates of service) (If yee, give war or dates of service)	HALLY E Baker 2702 Glandak Rd				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	uoselostie cusiy randan				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING DEATH 21B. PLACE OF INJURY (a. g., in or line) (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
deceased alive on 1952 and that death occur	2 11. 41				
1867 1952 Tuntington Williams, Mos	LJ. Ruck + fors. 5395 Ider ford Rd				

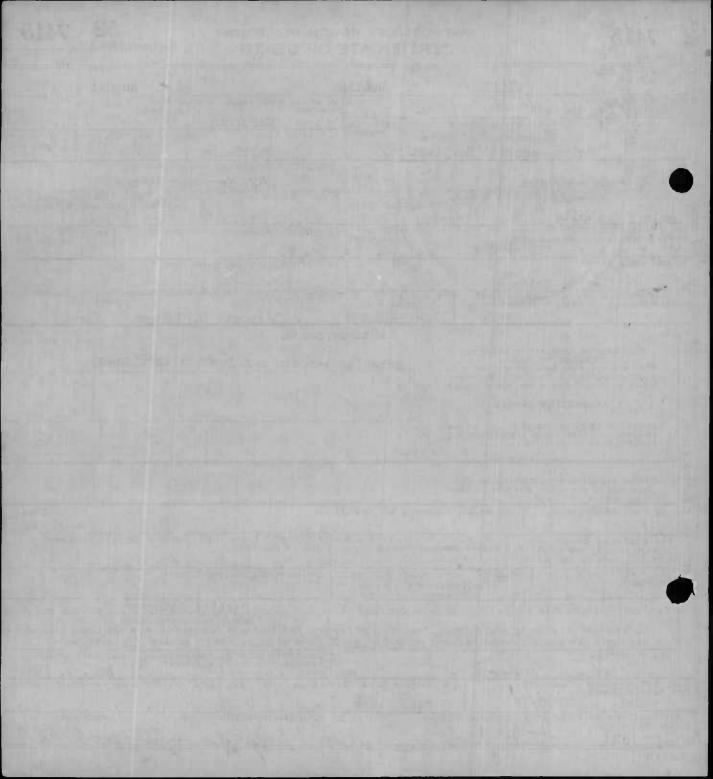


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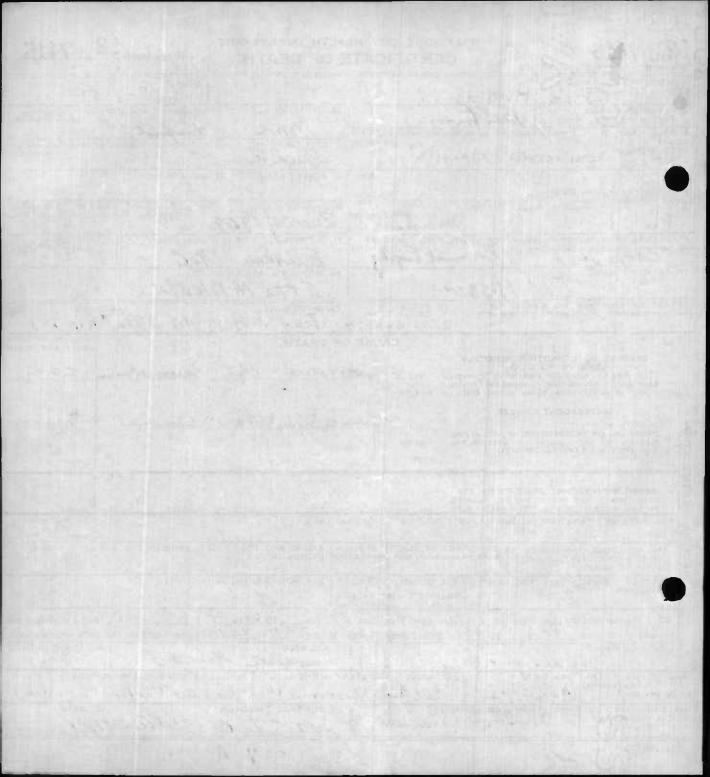
BALTIMORE CITY HEALTH DEPARTMENT

52 7415

В	IRTH NO.			CERTIFICATI	E OF DEATH		110.
	NAME OF E			REDERICK		2. DATE	
			ILLIAM	WOLTE			gust 6, 1952
	Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. :	If institution : residence before admission
B. H	FULL NAME OSPITAL OR ISTITUTION		tal or institut	ion, give street address or location)	Maryla:	nd :	nts, write RURAL and giv
	ASTITUTION	Union Memo	rial Ho	spital	Baltime		township
				Yrs.	D. STREET ADDRESS		
	length of s	stay in Baltimore		Mos. Days	4627 K	ernwood Avenu	e
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours Months: Days Hours: Min
	Male	White	3/8	rried	Mar. 31, 1891	61	dontins, Days Hours, Min
WOR	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
		rician	Beth.		N. Y.		WHAT COUNTRY
13	FATHER'S	NAME		Show	14. MOTHER'S MAIDEN	NAME	1 154
	Vill	liam F. Wolte	rs		Wilhelmin	0 ?	
15 (Vo	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(1)	No	(1. 300, 8110 was of date	a or service)	SECURITY NO. 216-18-6957	Mrs. Elizabet		Above
	18.422	. 1			OF DEATH	** ** ********************************	INTERVAL BETWEE
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT COND TO THE DEATH, BUT USEASE OR CONDITION	TH of dying, e. ; ans the diseaseaused death SES F ANY, GIVIN STATING TH AST.	(B)		ovascular dise	ease
U	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A	OIL EVERDA	TAL CALLEE WAS	1 218 PL 4	CE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City,	YES X NO
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB. CAUSE OF DEATH.	about home, f	arm, factory, street, office bldg., e	INJURY OCCUR?	and the second s	give exact idealion;
M	21D. TIME	(Month) (Day) (Year)		2 1E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJU	RY OCCUR?	
	the evi	idence obtained by Ath in my opinion	ge of the	remains described a psy, Inspection or I- rom: natural causes		le □, homicide □, L EXAMINER□ 2 L EXAMINER X	he day stated above
24	A. BURIAL.	REMA- 248, DATE		C. NAME OF CEMETER		LOCATION (City, town	
110	N, REMOVAL (S Burial	8/9/52		Druid Ridge	Cem. P	ikesville, Md	
DA LC	ATE RECEIVED	D BY REGISTRAR	S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS
W	193	1 Thurt	weston	Williams 15	Mm. J. Julense	fourer fre 1	seew ma
V	S 151		0	575.30	1		V



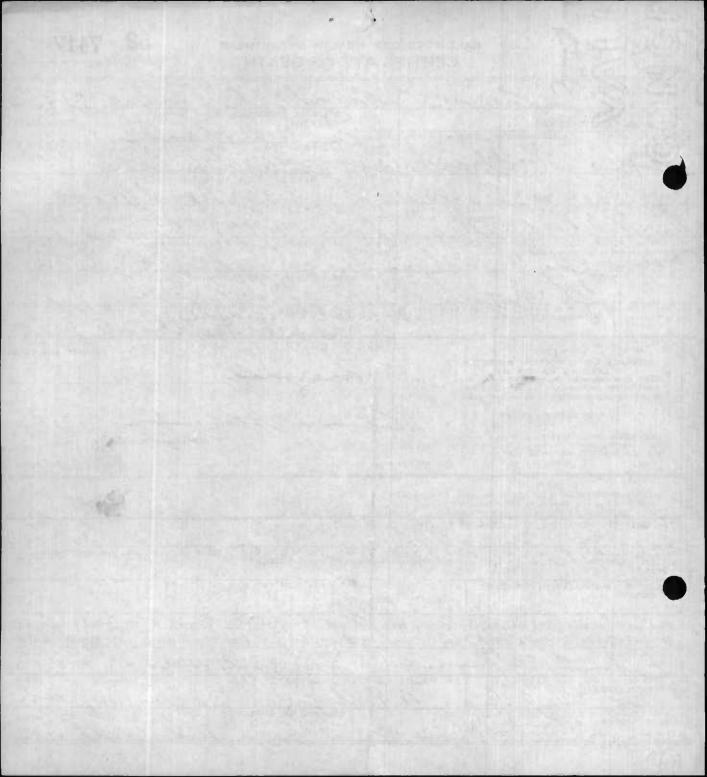
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5	5 71	16	-	TIMORE CITY HE	EALTH DEPARTMENT		.52 7/146
BI	RTH NO.	DAR.	RA	CERTIFICAT	E OF DEATH	Register	ed No
	NAME OF D	T [] []	igains			2. DATE OF DEATH	-6-52
	PLACE OF D Baltimore	City, Maryland	selte	none	4. USUAL RESIDENCE (
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location).		f outside cornorate	limits, write RURAL and give
IN	STITUTION	University	1 +10	spital	Gelan		township)
G.	Length of s	tay in Baltimore	413	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location	6200
5.	M SEX	6. COLOR OR RACE	WIDOW	E, MARRIED. (ED, DIVORCED (Specify)	DW31/1898	9. AGE (In year last birthday)	Months Days Hours Min.
10 work	done during most	CUPATION (Give kind of of working life, even if retired)	Bornes	OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF COUNTRY?
13	. FATHER'S 1	IMI	4.88	us andi	Etta MJ	3/WINS	
15 (Yes	. WAS DECEAS	ED EVER IN U, S. ARMET (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. 2/7-14-287	Jean PH.	sins 1	BAJ AIC M &
	18. 20L	t.0		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	TH	11.	edle man word =	D.	1
	heart failu	s not mean the mode of tre, asthenia, etc. It mea complication which of	ns the diseas	e,	18/00/04 - 1/10/	Themoperi	lanen 5 caugs
		ANTECEDENT CAUS	ES	20	. 7 1		
NO O	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	(B) Carr	ne lymphoud	loubenne	years
ERTIFICATION	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	(C)			
FIC				(0)		•••••	
RT		IGNIFICANT CONDI					
S	TO THE D	TO THE DEATH, BUT	CAUSING I	T			
A.L.	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		PENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., i arm, factory, street, office bidg.,		(If in Baltimore C	ity, give exact location)
Σ	D. TIME		(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
h	INJURY		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from 8	-/ , 19 57 to_		953; that I last saw the
	deceased a	live on 6	, 19 57,	and that death occur	rred at Pm., from	the causes and o	on the date stated above.
	23A, SIGNA	Donald &	1. Walnu	6.0	Universe H	lospital	F-6-52
TH	A. BURIAL,	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, t	own, or county) (State)
DA	TE RECEIVE	D BY REGISTRAR	SIGNATU		25 FUNERAL DIRECTOR	יואר וואר	ADDRESS
AI	G 7 - 19	52 1 1 m	luglon	· Vidualus-, M	Jos Thate	Bela	~ md
	VS 150			1 SELO	5007 A	114	



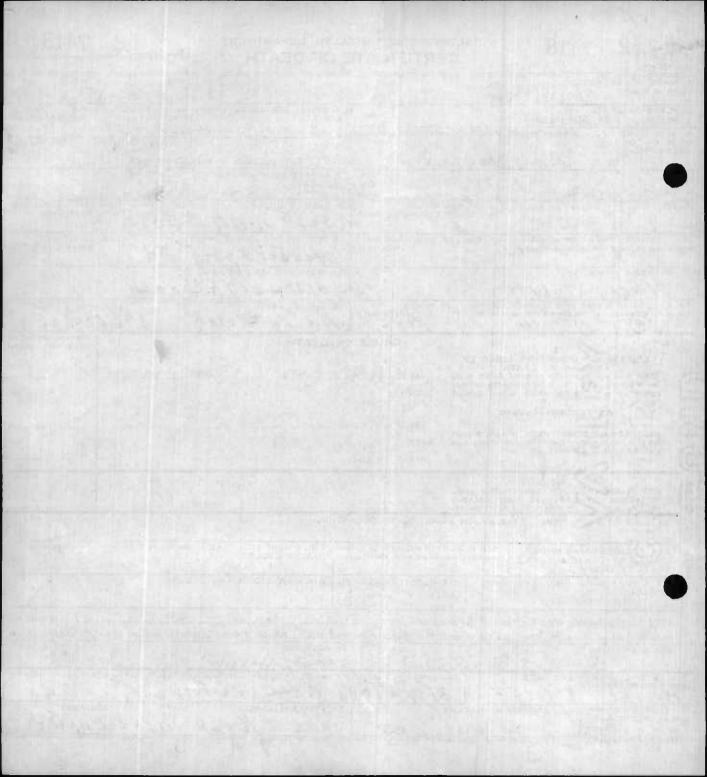
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CERTIFICATE OF DEATH 52 7417 Registered No. BALTIMORE CITY HEALTH DEPARTMENT

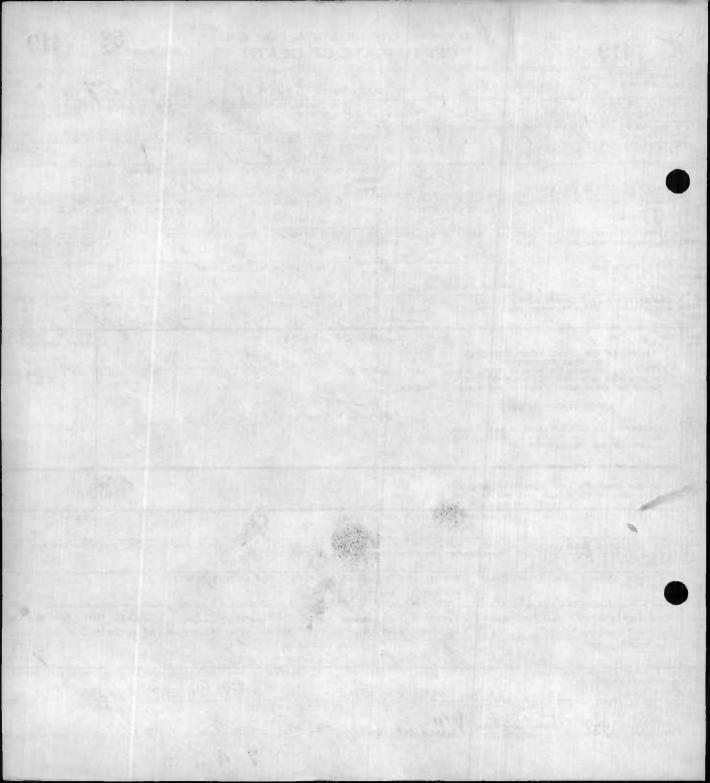
BI	RTH NO.		<u> </u>	ICIII ICAI	L OI DEAT	1 1		11111	
(T	NAME OF DE	Cati	herine	Ca	mobel	1	OF DEATH LU	4.5.1	1952
	PLACE OF DE Baltimore C	ATH: ity, Maryland			A. STATE	ENCE (Whe	B. COUNTY		: résidence ore admission)
HO	FULL NAME O	of (If not in hospit	al or institution, g	rive street address o		Aug (tside corporate li	mit, wite RY	RAL and give
IN	STITUTION	30 0100	doros	to line	130-	lite	ine	15	Jovnship)
				Yrs. Mos.	D. STREET ADDRE	ESS (lf rur	gl, give location)	/	102.
_		ay in Baltimore 6.COLOR OR RACE	7. SINGLE, MA	OMP Days	LE PATE OF BIRTH	0 1	AGE (in years	If Under 1 Year	I If Under 24 Hours
7	male	Colored	WIDOWED,	DIVORCED (Specify	may 6,1	1875	last birthday)	Months Days	Hours Min.
10 work	done during most of	UPATION (Give kind of working file, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	11. BURTHPLACE (S	State or forci	ign country)	12. CITIZ	EN OF
13	FATHER'S N			me	14. MOTHER'S MA	IDEN NAM	0 -	W. A	1. u.
		Must	MALIN		M	MA	now		
	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES? 16	SECURITY NO.	12 INFORMANT	laid	The state of the s	Acontes	*
				SECONTI NO.	N. 24.31	100	dho	at a	ane
	18. 592	X		CAUSE	OF DEATH				VAL BETWEEN
		E OR CONDITION LEADING TO DEAT	TH		> -	•			>
	heart failur	not mean the mode of e, asthenia, etc. It mea	ns the disease,	(A)	nene		***************************************	***************************************	
	TO THE STATE	complication which c		DUE TO		1			
7	/	ANTECEDENT CAUS	ES	(B)	vni /	Rom	erelo-		
0	DISEASES RISE TO TH	OR CONDITIONS, II	F ANY, GIVING	DUE TO		, -	nephra	to	*********************
CAT	UNDERLY	ING CONDITION LA	ST.	(C)		****			********************
FIC	=111	П					NELSON AND AND AND		Commence of the Party of the Pa
ERT		GNIFICANT CONDI							
C	TO THE DIS	SEASE OR CONDITION	CAUSING IT.						
AL	19A. DATE OF	F OPERATION 0 1	9B. MAJOR FIN	IDINGS OF OPE	RATION			20. / YES	AUTOPSY7
EDICA		ENT WAS UNDER- CONTRIBUTING		OF INJURY (e.g., actory, street, office bldg.			in Baltimore Cit		location)
Σ	D. TIME (Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURI	RED 21F. HOW DID	INJURY C	OCCUR?		
Ĥ	INJURY		m. WHILE						
	22. I hereby	certify that I att	tended the dece	eased from	ly 1 195	3, to E	2ng 5,19	5° 2 that I l	last saw the
	deccased al	ive on lings	. 19 57-and			, from the	causes and or		
	23A. 816NAT		misse		238. ADDRESS	mil 1	wee in		G-5-2
24 TI	AA. BURIAL, C	REMA- 24B. DATE	24c.	NAME OF CEMET	ERY OR CREMATORY	24D. LOC	ATION (City, to	wn, or county)	(State)
	urint	muy, 9	1950	INI.	cuoura,	1 12	ellen	core,	Mr.
	ATE RECEIVED CAL REGISTE	RAR LANGE A.	SSIGNATURE	4.65	25 FUNERAL DIR	RECTOR	Fune	ADDRES	Home
4	UG 7 - 19	52 Thinking	on Vella	us Nov.	1631	NRU	nd D	ull	che.
	VS 150	-							



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							52 7418
BIRT	H NO.	Phill	mena	CERTIFICATI	E OF DEAT	H Registere	ed No.
	AME OF D		Mena	helpw		2. DATE OF DEATH	3/2152
A. Ba		EATH: City, Maryland			4. USUAL RESIDE	INCE (Where deceased live	
HOSE	ILL NAME PITAL OR PITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
		In iversity	140.6		Belle	rognestis W. Cast	
	modh of a	D. 141	0	Yrs. Mos.		Ess (If rural, give location Rock ST.	5140
5. SE		tay in Baltimore 6.COLOR OR RACE		Days	8. DATE OF BIRTH	9. AGE (ln year	s It Under 1 Year It Under 24 Hours
	F	W	WIDOW	ED, DIVORCED (Specify)	Septal	-1951 20	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10в. KIND	OF BUSINESS OR INDUSTRY	WesTer	State or foreign country) N Por 1 Md	12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	,
,	Hari	ry Welsh			ELIZER	eth Beach	7
	VAS DECEASI	(If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Welsh 1	10 Ruck ST
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA: not mean the mode of the asthenia, etc. It means complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT SIESASE OR CONDITION	TH f dying, e. g f dying, e. g sthe disease seased death ses F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	tricanebral		
U				FINDINGS OF OPER	RATION		20. AUTOPSY?
H L		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., if arm, factory, street, office bldg.,			YES NO Lity, give exact location)
E	D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?	
2	22. I hereb	y certify that I at	tended the	deceased from 8	195		9 Crthat I last saw th
d	leceased a	live on 817	_, 195,	and that death occur	rred at II A m.	, from the causes and c	n the date stated above
		David S.	R-T	LIN QUEXE	University lf	espetal	8/2/52
DAT	BURIAL, REMOVAL (S	D BY REGISTRAR		24c. NAME OF CEMETE THE PETER	S CE 25	11	ADDRESS
LOC	AL REGIST	1052 L +	- WH	· MSP?	John a.	Koran 3000	E Ballo A-
	VS 150	- Junting	7700	4 43 6,	107	4 5	



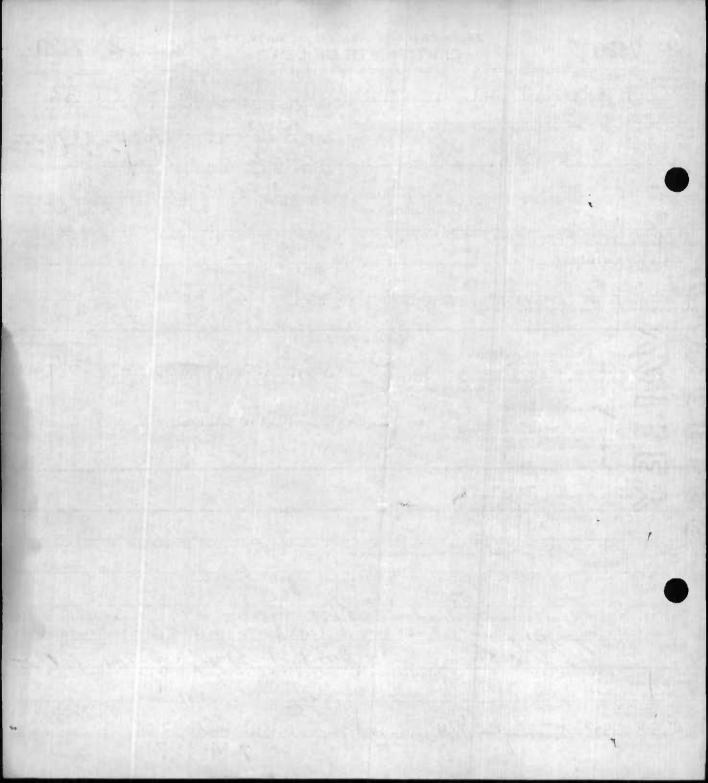
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5	2 7440		EALTH DEPARTMENT	52	7419
BI	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
	NAME OF DECEASED CROUS	52. Wille	am MONROE	2. DATE OF DEATH Ches	1952
A.	. PLACE OF DEATH: . Baltimore City, Maryland	Balt.	4. USUAL RESIDENCE (Who	ere deceased lived. If institu	before admission)
H	OSPITAL OR	stitution, give street address or location)	c. CITY OR TOWN (If ou	tside eorporate limits, writ	RURAL and give
IN	ISTITUTION Church 15	me + Asop.	Fred Will	2 de la composition della comp	townshlp)
r	ngth of stay in Baltimore	28 Yrs.	D. STREET ADDRESS (If ru	ral, give location)	0.0
5.		NGLE, MARRIED.	8. DATE OF BIRTH	O. AGE (In years If Union 1	Year If Under 24 Hours
	mw	IDOWED, DIVORCED (Specify)	Jan 12 1884	last birthday) Months	Days Hours Min.
worl	DA. USUAL OCCUPATION (Give kind of 10B. k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		THE COUNTRY?
13	3. FATHER'S NAME	anne	M. Caron	~~ \ \ \ \ \	V8A
	CBMSE CK	- lo	14. MOTHER'S MAIDEN NAM	E	
15	5. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL	17. INFORMANT	ADDRE	
(Yo	os, no or unknown) (If yes, give war or dates of serv	SECURITY NO.	Son.	Frest The	if med
	18. 332X	CAUSE	OF DEATH		NTERVAL BETWEEN
M	DISEASE OR CONDITION DIRECT	TLY	0-0-1	1	31
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	g, e.g., (A)disease,	ema mo	mes-6	& day
	injury or complication which caused	death.) DUE TO			
				TENER DATE	
7	ANTECEDENT CAUSES	hit	Enoselero		
NOI	DISEASES OR CONDITIONS, IF ANY,		Enoselero		
ATION		GIVING NG THE DUE TO	Enslew		
FICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI	GIVING	Envelero		
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.	GIVING NG THE DUE TO (C)	Ewsler		
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.	GIVING (C)	Ewsler		
CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	GIVING (C)	RATION		20. AUTOPSY?
CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REDOTHER TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. MA	GIVING (C) (C) CON- ELATED ING IT. AJOR FINDINGS OF OPER			YES NO
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATISTICS OF THE PROPERTY OF THE PROPERTY OF THE DESCRIPTION CAUSED OF THE DESCRIPTION	GIVING (C) (C) CON- ELATED ING IT.	n or 21c. WHERE DID (If		YES NO
CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING	GIVING (C) (C) (C) (C) (C) (C) (C) (C	a or 21c, WHERE DID (If show) INJURY OCCUR?	in Baltimore City, give ex	YES NO
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RESTRICT TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour	GIVING (C) (C) (C) (C) (C) (C) (C) (C	a or 21c, WHERE DID (If show) INJURY OCCUR?	in Baltimore City, give ex	YES NO
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour INJURY)	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY	DCCUR?	ves No
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour INJURY) 22. I hereby certify that I attended deceased alive on 19.	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY Of the dat 4.05 pm., from the	DCCUR?	ves No No Natarate location) at I last saw the te stated above.
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour INJURY)	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY	DCCUR?	ves No
MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RESTORTING TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Houre INJURY) 22. I hereby certify that I attended deceased alive on 7, 19 23A. SIGNATURE	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY OF Tred at 4 05 pm., from the	DCCUR?	tt I last saw the te stated above.
MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour INJURY) 22. I hereby certify that I attended deceased alive on 1923A. SIGNATURE	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY OF Tred at 4 05 pm., from the	DCCUR? , 15 2, that causes and on the da	tt I last saw the te stated above.
D TO MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATISTIC UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour INJURY) 22. I hereby certify that I attended deceased alive on 1923A. SIGNATURE 4A. BURMAL CREMA 24B. DATE ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIG	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY OF Tred at 4 05 pm., from the	DCCUR? 15 , that causes and on the da ATION (City, town, or eou	tt I last saw the te stated above.
D TO MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour INJURY) 22. I hereby certify that I attended deceased alive on 1923A. SIGNATURE 4A. BURNAL CREMA 24B. DATE 4A. BURNAL CREMA 24B. DATE	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY OF THE AT THE	DCCUR? 15 , that causes and on the da ATION (City, town, or eou	tt I last saw the te stated above. DATE SIGNED (State)
D TO MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour INJURY) 22. I hereby certify that I attended deceased alive on 1923A. SIGNATURE 4A. BURNAL CREMA 24B. DATE ATE RECEIVED BY OCAL REGISTRAR SIG	GIVING (C) (C) (C) (C) (C) (C) (C) (C	ED 21F. HOW DID INJURY OF THE AT THE	DCCUR? 15 , that causes and on the da ATION (City, town, or eou	tt I last saw the te stated above. DATE SIGNED (State)



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CERTIFICATE OF DEATH Registered No. 7420

BIRTH NO.	L OF BEATH
1. NAME OF DECEASED (Type or Print) Samuel Robert Me C	Clelland 2. DATE OF DEATH 8-7-57
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
INSTITUTION PLANIAPHT HAS O	c. CITY OR TOWN (If outside corpor te limits, write hUllAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. ength of stay in Baltimore Days	554 W. Preston SX
5. SEX* 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	18 yrs
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Ressie Mc chilland
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT
18. 522X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND GEATH
(This does not mean the mode of dying, e.g., (A)	Imphaby temothage 314hrs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	at. Phoumantic
DISEASES OR CONDITIONS, IF ANY, GIVING	at negrontis
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Imonaty Edeina
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	8 /7/ , 1954, to 8 /7 / , 1952, that I last saw the
	ared at Si45 Am., from the causes and on the date stated above.
1/10 Clahum M.D.	Provident thosp. Battinine M. 8/1/5
24A. BURIAL, CHEMA- 24B. DATE 24C. NAME OF CEMETE TON, REMOVAL (Specify) Que 7-52 Laurin	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR (ADDRESS 94)
AUG 8 - 1952 + + + WW.	James astayed 6367.9chipro
VS 150	10007117

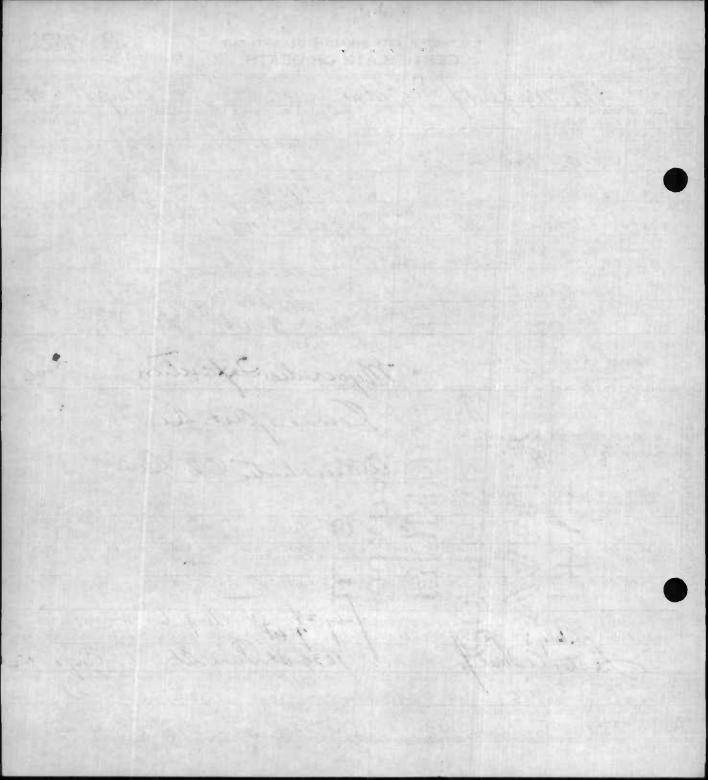


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BALTIMORE CITY HEALTH DEPARTMENT

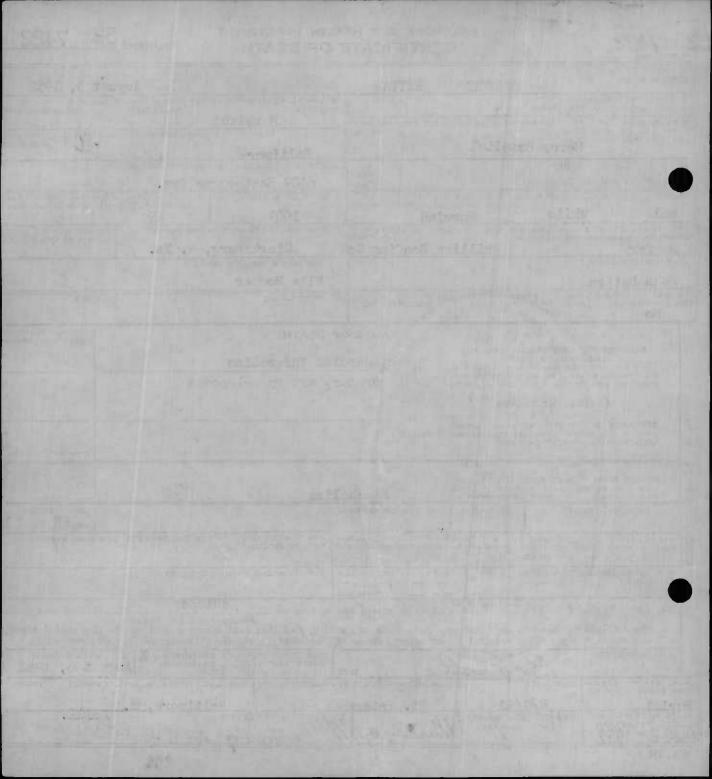
52 7421

) (7421	CERTIFICATI	E OF DEATH	Registered N	0
BI	RTH NO.				
1. (T	ype or Print) Margaret	4 Jeymou	·	2. DATE OF DEATH	725 4 6, 1952
	PLACE OF DEATH: Baltimore City. Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, 16/1 B. COUNTY	nstitution : residence before admission)
	FULL NAME OF (If not in hospital or institut	tion, give street address or location)	c. CITY OR TOWN	If outside corporate limits	www. PIIIAI and sim
IN	ISTITUTION 1719 Bolton	et	C. CITT OR TOWN	Ralty 4	township
7	7 9 05 67 0 1	Yrs.	D. STREET ADDRESS (If rural, give location)	1
c.	Length of stay in Baltimore	Mos. Days	1719.	Bolton si	<i>†</i> .
	SEX 6. COLOR OF RACE 7. SINGE	E. MARRIED.	8. DATE OF CONTRACT		tinder I Year if Under 24 Hours ths: Days Hours Min.
U	16.4.4.4	C dow 2	Sept 2 nd 187	7 00074	iths Days Hours will.
10 worl	DA. USUAL OCCUPATION (Give kind of 10B. KINI k done during most of working life even if retired)	OF BUSINESS OR	11 BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewith Ou	n House	Ma		
13	FATHER'S NAME		14. MOTHER'S MAIDEN	1 2 1	
9	1 = Brookhart		Margare	Et Baler	,
(Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANY		माहरी डी.
	No ~	~~	Than. t. Smith	Phila,	Pa.
ч	18. 420.1	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	m.	1-2-	Jeselia.	36.
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disca	8., (A)	10 caldial Ty	KULLELLY	was.
H	injury or complication which caused death			4	
	ANTECEDENT CAUSES		May (R)	£ 60,	?.
O	DISEASES OR CONDITIONS, IF ANY, GIVE	(B)	ownery -		
TA	RISE TO THE ABOVE CAUSE (A) STATING T				-
O.		ast	crioscherotes	C.V. Dis	
E	II	(C)	aco accorde		
ER	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT	ED			
U	TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
AL					YES NO
EDICA	21A. ACCIDENT, SUICIDE, 21B. PL. HOMICIDE (Specify) about bome,	ACE OF INJURY (e. g., is, ferm, factory, street, office bldg., e	n or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
ME	HOWICIDE (Specify)	in m, racor y, acreec, o moo blog., c	INSONT OCCORT	-	
-	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the	deceased from 4	uly 24, 1952, to (lug 6, 1902	that I last saw th
	deceased alive on Clary 5. 195 2.	And that death occur	rred at 7: 45 km., from	the lauses and on th	
	23A. SIGNATURE	/ / 2	3B. ADDRESS	11 11	23c. DATE SIGNED
-	4a. BURIAL - REMA- 24B. DATE	M. D. 24C. NAME OF CEMETE	DY ODERENTED VI 340	LOCATION (City, town,	or county) (State)
	AA. BURIAL SPENA 24B. DATE	7	and the part of th	D 0+ 0	Tel 1
D	ATE RECEIVED BY REGISTRAR'S SIGNATION	11PF	25. FUNERAL DIRECTOR	1341/0-0	ADDRESS
	MALE RECEIVED BY REGISTRAR'S SIGNATURE	l	10 Tage (2) R. O	10 - 00 0	1 +



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	111 110.								
1. N (Typ	AME OF Doe or Print)		ARROLL	BATTAN			OF ATE	igust	5, 1952
	LACE OF D	EATH: City, Maryland			4. USUAL RESIDE			. If institu	
B. FI	ULL NAME		al or institut	ion, give street address or	Mar	yland			1
	TITUTION	Mercy Hos	nital	location)	c. CITY OR TOWN		de corporate li	mits, writ	RURAL and give
3		1102 03 1102		Yrs.	Baltimor		give location	0	ALC: U
	ength of s	tay in Baltimore		Mos. Days	6409 Eas			,	
5. S		6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	1 9.7	GE (In years		Year If Under 24 Hours Days Hours Min.
m	ale	white	3.0	rried (Specify)	1903		49	WIOIILIIS, I	Days Flours: Min.
10A.	USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (S		,		ITIZEN OF HAT COUNTRY
	oofer		Phill:	ips Roofing Co		sburg, W	. Va.		
	FATHER'S			Const	14. MOTHER'S MA				
	ohn Bat	ten ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	Ella Hoop	er			
(Yes, 1	No or nnknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT			ADDRE	SS
ERTIFICATION	OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA: a not mean the mode of the complication which complication which complication was a complete to the complete the com	TH of dying, e. 1 ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)					TTERVAL BETWEEN
11		F OPERATION 1		FINDINGS OF OPER					20. AUTOPSY?
- 1	JA. DATE 0	. Or Enamon		7 1110111100 01 01 01					ES NO
MEDIC	INDERLYIN	NAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year)	about home, f	ACE OF INJURY (e.g., in arm, factory, street, office bldg., el 21E. INJURY OCCURRE	LC.) INJURY OCCUP	R?	Baltimore Cit	y, give ex	act location)
	2 I conti	for that I took show	m.	WORK AT WORK		autop	Sy	47 .	7.6
	the evi	dence obtained by ath in my opinion	said Auto resulted f	remains described a psy, Inspection or I- rom: natural causes	nquiry, find that , accident , accident , accident ME 23B. CHIEF ME ASSISTANT ME	said deceas suicide [], I	etion or Inquied died on nomicide	the day , undete	rmined □.
	BURIAL, C		112	M.	D. MEDICAL INVE	STIGATOR 24D. LOCAT			
	REMOVAL (S	pecify)	52	St. Peters			more Md		-
DAT	E RECEIVER		SIGNATU	Villiams Mis	25) TUNERAL DIR		217 51	Capor	RESS
VS	151			(12)	30				V



-5	25
52	7423

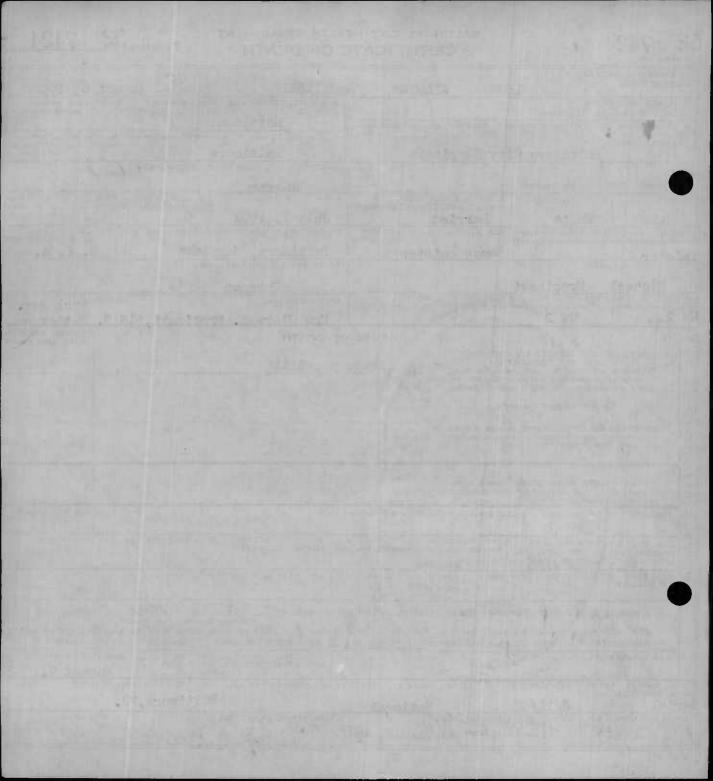
BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICATI	_ OI DEATH			
1.	NAME OF D	ECEASED				2. DATE		
(1	ype or Frint)	Julia :	P. John	son		DEATH	Aug. 6.	1952
3.	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived B. COUNTY	d. If institution	on: residence efore admission)
В.	FULL NAME		al or instituti	ion, give street address or	Maryland			
	OSPITAL OR			location)	c. CITY OR TOWN (I	f outside corporate li	imits, write I	RUKAL and give township)
	3213	Chesley Ave.			Baltimore	1	1-0	00 ((1)
II.				Yrs.	D. STREET ADDRESS (If	rural, give location	.)	
c.	Length of s	tay in Baltimore		Mos. Days	3213 Chesle	v Ave.		
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	s If Under 1 Yea	If Under 24 Hours
Fe	emale	White	Marr		Jan.31,1890	62	Months Da	Jo Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)		TIZEN OF
wor	Housewif	of working life, even if retired)	At hom	INDUSTRY	Middle River.	Minn.	WH	AT COUNTRY
13	FATHER'S		110 11011		Middle River,	AME		
	Talles	Skramstad			Martha (Unknow			
1.5		ED EVER IN U. S. ARMEI	Foreres	Lac cocia:		n)		
(Ye	s, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	5
	No				Mrs Ellen Sandb	ek. 3213 Ch	eslev	Ave.
	18. 17 =	5× .		CAUSE	OF DEATH		INT	ERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	61	• /	1 /		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (Albdominal Carcinomatosis						515 1	7mas
	heart failu	rc, asthenia, etc. It mea	ns the discas	e,				
	injury or	complication which	aused death	.) DUE TO				
		ANTECEDENT CAUS	SES	1		0.1.4.4.1		2
Z				(B) Car	cinoma of	ovary	/	1 mos
9	RISE TO T	S OR CONDITIONS, IN	STATING TH	G	9	,		
AT	UNDERLY	TING CONDITION LA	ST.	(C)				
CERTIFICATION			• 300	(0)				
T		11						
K		IGNIFICANT CONDI						
CE		ISEASE OR CONDITION						
_	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20	D. AUTOPSY?
A							YE	
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., i arm.factory,street,office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore Ci-	ty, give exac	et location)
Σ	O. TIME		(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
k	INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK		A		
	22. I hereb	y certify that I at	tended the	deceased from Se	pt. 27, 1957 to	HU9.6,1	957that	I last saw the
	deceased a	live on Uly 31			rred at 7 a. m., from	the causes and o	n the date	stated above
	234. SIONA		10	/ 2	38. ADDRESS	41		DATE SIGNED
	1 C.K	remara	Bo	ack M.D.	"E. Mase.	LY.	lag	1.7,1952
2 TI	4A. BURIAL.	CREMA- 248. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	LOCATION (City, to	own, or count	ty) (State)
_	Burial	8/9/5		Parkwood		Parkville,	Md.	/
P	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	IRE.	25 EUNERAL DIRECTOR	/	ADDR	ESS /
1	AUG BEGIS	952 Tunto	uglow,	Villiaus Me	May Not the	1 1211	1 Vant	0/
=	VS 150		0	pos " P's	4	2.0		11

THE PARTY NAME AND PARTY OF THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7424

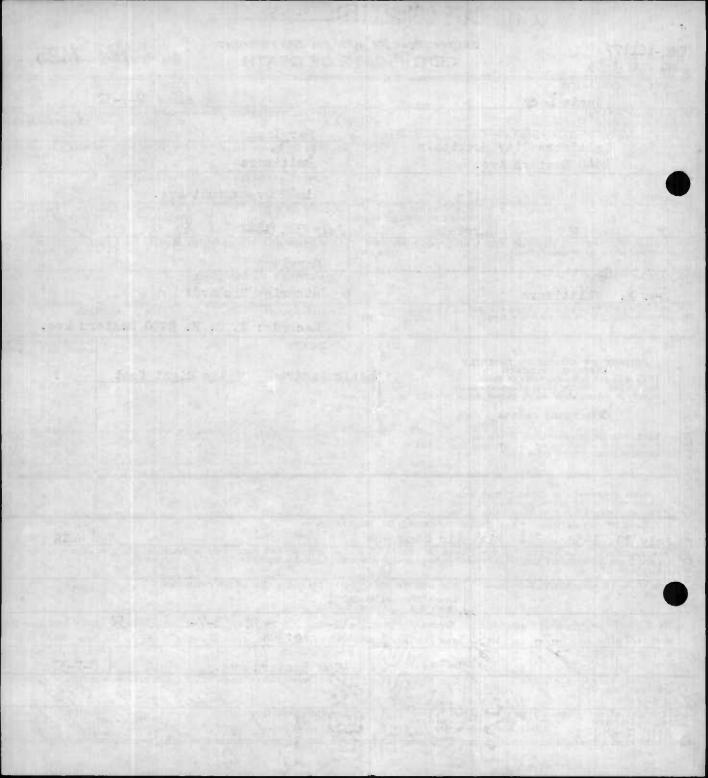
BIRTH NO.			CERTIFIC	LAIE	OF DEATH	0	registere.	4 110		
	F DECEASED						2. DATE			
(Type or Pri	nt)	LEON	WILLIAM	M	ROZINSKI		DEATH AU	gust	6, 19	52
3. PLACE C				- 11	4. USUAL RESIDE	NCE (Who	ere deceased lived.		tution: res	sidence
	re City, Marylan	hospital or institut	ion give street - 1		A. STATE Mary.	land	B. COUNTY		before a	admission)
B. FULL NA HOSPITAL	OR	nospital or institut		cation)	c. CITY OR TOWN		itside corporate li	mits, wr	ite RURA	L and give
INSTITUTIO		Cit- Was	-1+070			imore		, , , ,		township)
-0.1	DAT CTINOI	re City Hos	progra	Yrs.	o. STREET ADDRES		ral give location)			
	. C . 4			Mos.			ar, give rocation,			
5. SEX	of stay in Baltim		E. MARRIED.	Days	8. DATE OF BIRTH		9. AGE (In years)	If Under	1 Vest W	Juder 24 Hours
		WIDOW	ED, DIVORCED				last birthday)			
Male White Married					July 2, 19		50			
	OCCUPATION (Giv most of working life, even if		OF BUSINESS	USTRY	11. BIRTHPLACE (St	tate or fore	ign country)	12.	CITIZEN WHAT C	OF OUNTRY?
Painter House painter					Baltimore,	Maryl	and	T	J. S.	A.
13. FATHER	'S NAME		Cons	1.	14. MOTHER'S MAI	DEN NAM	1E			
Mich	ael Mrozin	nskt			Unkn	OLEN				
15. WAS DEC	EASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL		17. INFORMANT	C/WII		ADDR	E651.	A .
WW 2	WW 2	or dates of service)	SECURITY	NO.	Mar Class	TO 36	-41-1 53	- 0	Park	Ave.
					Mrs Clara	TIME VICE	WINSKI, 51		PRITE	
18. 5	80X		CA	USE C	F DEATH					NO OEATH
DI	SEASE OR CONDI									
	does not mean the	mode of dying, e.;	p.) (W)	Acute	hepatitis	***************************************	************************			**************
	failure, asthenia, etc. or complication v									
	ANTECEDENT	CALIFEE								
	ANTECEDENT	CAUSES	(8)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO								*****************		
UNDERLYING CONDITION LAST.										
(C)							*******************			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED										
TRIBU	ER SIGNIFICANT OF	. BUT NOT RELATI	ED							
TO THE DISEASE OR CONDITION CAUSING IT.										
100.00	TE OF OPERATION	198. MAJOR	FINDINGS OF	OPERA	TION				20. AUT	
A		and an Bu	ACE OF INJURY	(a a la	or 21c. WHERE DI	D (If	in Baltimore Cit	y give		NO L
UNDERL	TERNAL CAUSE W		farm, factory, street, of				in Dartimore Ort,	, give	exact loca	0.011)
ш	CAUSE OF D	EATH.								
Σ 210. TIM	IE (Month) (Day)		21E. INJURY O		D 21F. HOW DID	INJURY	OCCUR?			
		m.	WHILE AT NO	T WORK						
22. I c	ertify that I took	charge of the	remains descr	ribed at	ovc. held an	Partia	1 Autopsy	th	ereon a	nd from
					A	utopsy, In	spection or luqui	ry		
ani	death in mu on	ea by said Auto inion resulted i	opsy, inspection from: natural	eauses	quiry, find that . X, aecident □, s	sara acce	l homicide	unde	ay state termined	a above
	NATURE	^ //	TOTAL TEACHER AND		23B. CHIEF MEI				ATE SIGN	
11/1	:01: 1/1	Your DX		M.1	ASSISTANT ME	DICAL EX	AMINER		rust 7	
24A. BURI	L. CREMA- 248.0	ATE	24c, NAME OF C		Y OR CREMATORY		ATION (City, to			(State)
TION, REMOV	AL (Specify)	150			100	Ra	ltimore, Me	a		
Burial DATE RECE	8/11	TRAR'S SIGNATU	Nations	31	25 FONERAD DIRE		TOTAL COLOR		DRESS /	
AUG 8	SISTRAR	THAR S SIGNATU	WH	IATO	m Color	CIOR	0-	(1)	I X	1
AUG 8 -	1952	mingion	Thursday.	, 77	111101	TUN 1	211 1	100	y XX	1
V S 151		untington	000	42.	No.				-	V
			1 20 6	124						



CERTIFICATE CORRECTED __ 8-8-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

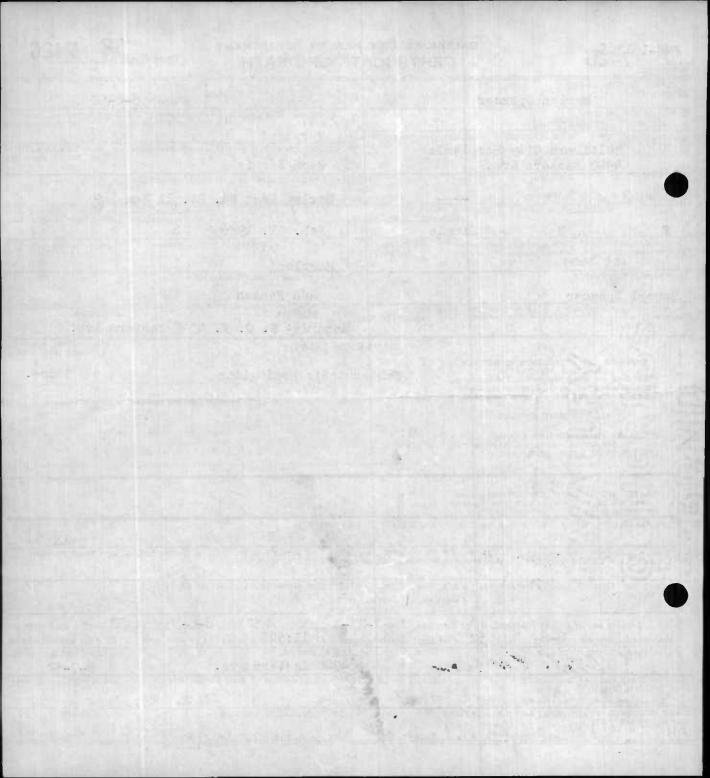
_								
	NAME OF C	Susie Lacy				OF DEATH 8-7-5	32	
	PLACE OF D	EATH:			4. USUAL RESIDENCE (W	There deceased lived. If in	astitution : residence	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE Maryland	B. COUNTY	before admission)	
	STITUTION	Der ormore or	-	itals location)	C. CITT OIL TOWN	outside corporate limits	vrie RURAL and give	
	1	4940 Eastern	Ave.		Baltimore	10-0	to whiship)	
			110.	Yrs. Mos.	D. STREET ADDRESS (If			
-	Length of s	tay in Baltimore	life	Days Days	1042 Greenmou		Juder 1 Year If Under 24 Hours	
	F	W	WIDOW	VED, DIVORCED (Specify		last birthday) Mon	ths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S I	NAME			14. MOTHER'S MAIDEN NAME			
	Wm. B.	Whittimore		A PARTY OF	Catherine Richs	ards		
15 (Yer	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS	
					Records: B. C.	H. 1940 East	ern Ave.	
	18. 260	X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY					
	(This does	s not mean the mode cure, asthenia, etc. It mea	of dying, e. s	g., (A) Diabet	ic Gangrene of th	e Right foot		
	injury or	complication which	aused death	a.) DUE TO				
		ANTECEDENT CAUS	ES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-							*****	
(c)							***************************************	
1		11						
ш	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	ŁD .				
U		OF OPERATION 1		FINDINGS OF OPE	RATION		20, AUTOPSY?	
AL	July 23			tic Gangrene			YES NO	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in nr 21C. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING DOR CONTRIBUTING INJURY OCCUR?							ve exact location)	
Σ	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?		
	INJURY		m.	WHILE AT NOT WHILE				
	22. I herel	ou certify that I at	tended the		13- , 19 52, to 8	-7- 1952	that I last saw the	
		live on 8-7-	19.52	and that death occu	rred at 10:30An., from to	he causes and on th	e date stated above.	
	23A. SIGNA		The		23B. ADDRESS		23c. DATE SIGNED	
		7.4. F	119	M. D.	4940 Eastern Ave.	3	8-7-52	
110 G	MEMOVAL (CREMA- Specify)	152	Dalum	ERY OR CREMATORY 246. L	allemoy	Md,	
	TE RECEIVE		SSIGNATI	JREA/IJ.	25 AVNERAL DURECTOR	1	ADDRESS -	
	AUG 8 -	1952	ingion	Yellaus, M	The man	1217010	in y	
	VS 150							



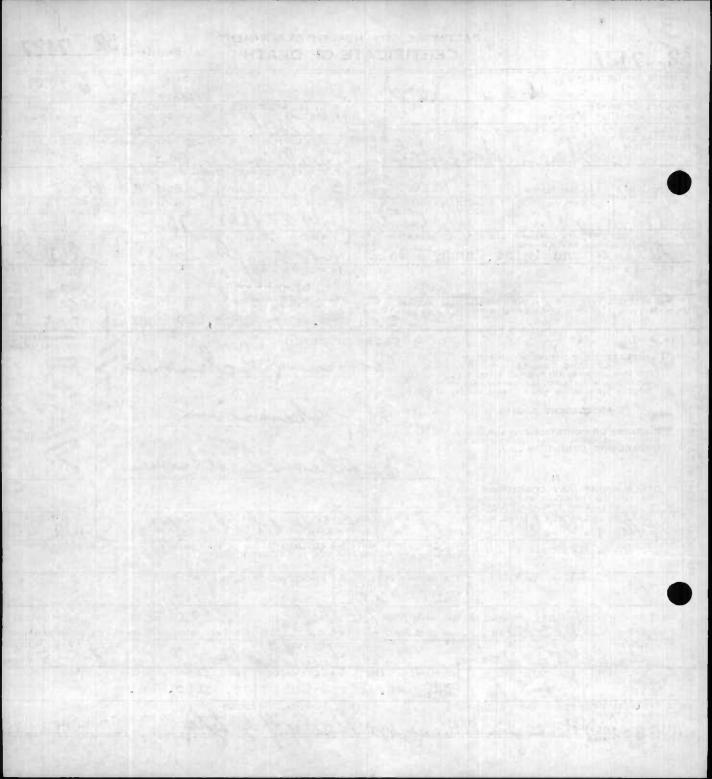
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BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.	120		CERTIFICATI	E OF DEATH	Registered No)		
1. NAME OF DECEASED									
T)	ype or Print)	Marion Spe	ncer			DEATH 8-6-5	52		
	3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence as STATE B. COUNTY before admission								
В.	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or	Maryland	anne	arundel		
IN		altimore City		als location)		f outside corporate limits,	write RURAL and give		
	14	940 Eastern A	ve.		Glen Burnie	5210	to waship)		
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
C.	Length of s	tay in Baltimore	440	Days	Marley Neck Rd.				
5.	TP TP	N. COLOR OR RACE	WIDOW	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 21, 1926	9. AGE (In years little last birthday) 26	ths Days Hours Min.		
1C wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?		
		t home			Maryland		WHAT COUNTRY		
13	FATHER'S	NAME		1	14. MOTHER'S MAIDEN N	AME			
	Samuel S				Ada Henson				
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS		
(, 20 00 02220112,				Records: B. C. H.	4940 Eastern	Ave.		
	18. 010	Χ .		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH		
	(This does not mean the mode of dylng, e.g.,								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
Z	The State of the	ANTECEDENT CAUS	Lo	(B)					
2		OR CONDITIONS, IF					100 - 1		
AT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-								
문									
E	OTHER S	II IGNIFICANT CONDI	TIONS CON						
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D					
U				FINDINGS OF OPER	ATION		20, AUTOPSY?		
AL		7					YES XX NO		
EDICAL	21A. ACCID	ENT WAS UNDER	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, giv			
Σ	10. TIME	(Month) (Day) (Year)	(Hour)	2 1E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?			
	FINJURY		m.	WHILE AT NOT WHILE					
	22 I hough			deceased from?-23	10 524	8-6- , 19.52,	47 4 7 7 4 47		
		live on 8-6-	enaea the	aeceasea jromi	red at 11:50 Pn., from t	he agained and on the	that I last saw the		
	23A. SIGNA		., 19.00.	and that death occur	3B. ADDRESS		23c. DATE SIGNED		
		48.6	2056		4940 Eastern Ave.		8-7-52		
	AA. BURIAL,		1		RY OR CREMATORY 240. L				
111	Buria		11-52	mr. Ca	lvere	aca Co. 2	rd		
D	ATE RECEIVE		SIGNATU		25. FUNERAL DIRECTOR	Ca. Co, n	ADDRESS		
1	UG 8 - 1	952 Hunting	ton W.	Higus MESS	Jamesanda	1100, 638 h.	Gelmar SX		
-	VS 150	d		pare (800			



1/	3) 8 300						
	BALTIN	ORE CITY H	EALTH DEPARTMENT	1	59 MAON		
B	RTH NO7427 CE	ERTIFICAT	E OF DEATH	Registered	No. 7327		
	NAME OF DECEASED	Boyd		2. DATE OF DEATH	16/52		
	PLACE OF DEATH: Baltimore City, Maryland	d	4. USUAL RESIDENCE		f institution : residence before admission)		
	FULL NAME OF (If not in hospital or institution,	give street address of		If outside componets limit	its, write RURAL and give		
11.	ASTITUTION Littlean Hospi	Hal	Baltimer	e, md.	township)		
	ength of stay in Baltimore	ife Yrs. Mos. Days	5 20 Charine	f rural give location)	1. #24		
5	6. COLOR OR RACE 7. SINGLE, M. WIDOWED,	ARRIED, DIYORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under 1 Year onths Days Hours Min.		
wor	DA. USUAL OCCUPATION (Give kind of k done during most of work fog life, even if retired) Machinist Mahor	BUSINESS OR INDUSTRY	11. BUTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
1:		PRINE ENG.	14. MOTHER'S MAIDEN	NAME	Ju. 3. /F.		
	_	Boyd	Sarah				
1! (Y)	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	m.520 Chari	address ng Cross Rd		
	18. 5141.0	00 02.00	OF DEATH		INTERVAL BETWEEN		
NOI	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(A) Cor	man fo pertense	lenis	ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-							
TF	n de la companya del companya de la companya del companya de la co	(C)()					
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL		DINGS OF LOPE		nection	20. AUTOPSY?		
EDIC		OF INJURY (e. g., actory, street, office bldg.,		(If in Baltimore City,	give exact location)		
Σ	FINJURY			RY OCCUR?			
P	m. wor	7/	23/52 10 10	2/6/5210	_, that I last saw the		
	deceased alive on 2 15 219 and	that death occu			the date stated above.		
	23A. SIGNATURE Agen		23B. ASDRESS	Sec.	23c. DATE SIGNED		
2.	4A. BURIAL, CREMA- 24B. DATE 4C. ON REMOVAL (Specify) 4-9-52	NAME OF CEMETE	ery or Crematory 24b.	Balto. Md.	, or county) (State)		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR	11	ADDRESS		
L	AUC 0 - 1000 H + + WH:	1457 E	Harry H. Kin	a/ce 4101 =	dmondson Ave		
=	VS 150	2000	evit				
		I I I	/1 /				



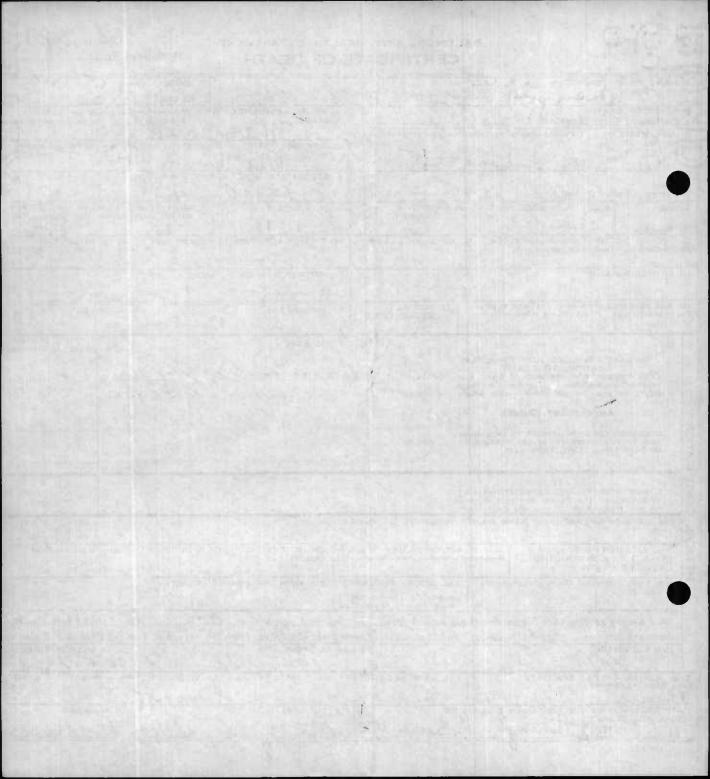
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital St. Joseph's Hospital Name of Hospital or institution, give street address or Iocation) St. Joseph's Hospital Name of Hospital Name of Hospital Name of Hospital Name of Hospital St. Joseph's Hospital Name of Hospi	sidence admission) Luad give fownship) Under 24 Hours ours Min. 15 70				
I. NAME OF DECEASED I. NAME OF DECEASED I. NAME OF DECEASED I. NAME OF DECEASED I. NAME OF DEATH: A. Baltimore City, Maryland S. FULL NAME OF OF DEATH: A. Baltimore City, Maryland S. FULL NAME OF OF DEATH: B. COUNTY S. DATE OF DEATH A. USUAL RESIDENCE (Where deceased lived. If institution: response to the form of the part of the	sidence admission) Land give fownship) Under 24 Hours ours Min. 15 70				
3. PLACE OF DEATH 3. Baltimore City, Maryland 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 8. COUNTY before A. STATE B. COUNTY BEFORE 8. COUNTY BEFORE 8. COUNTY BEFORE 9. STREET ADDRESS (If rural, give location) 3916 Frankfort Avenue 9. AGE (In years last birthday) Months: Days Institution: The properties of the	esidence admission) Luad give ownship) Under 24 Hours ours Min. 15 70				
3. PLACE OF DEATH: A. Baltimore City, Maryland 8. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital St. Joseph's Hospital Nos. Days St. Joseph's Hospital Nos. Trankfort Avenue St. Joseph's Hospital Nos. Days St. Joseph's Hospital Nos. Trankfort Avenue St. Joseph's Hospital Nos. Trankfort Avenue St. Joseph's Hospital Nos. Street Address (If rural, give location) Nos. Trankfort Avenue St. Joseph's Hospital Nos. Street Address (If rural, give location) Nos. Joseph's Hospital Nos. Street Address (If rural, give location) Nos. Street Address (If rural, give locat	esidence admission) Luad give ownship) Under 24 Hours ours Min. 15 70				
C. CITY OR TOWN (If outside corporate Hinto, write RUR St. Joseph's Hospital St. Street Address (If rural, give location) Street Address (If rural, give location) Street Address (If rural, give location) St. St. St. St. St. St. St. St. St. S	Under 24 Hours ours Min. 15 70				
ngth of stay in Baltimore 1. Sex G. COLOR or RACE T. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single Single	15 70				
ngth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 10A. USUAL OCCUPATION (Give kind of work ing life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	15 70				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE WHAT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	15 70				
Male White Single July 29,1952 last birthday) Months: Days II as the birthday of the birthday	15 70				
10A. USUAL OCCUPATION (Give kind of work indeed work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	OF				
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS					
(10 s, no or unknown) (11 yes, give war or dates of service) SECURITY NO.					
(10 s, no or unknown) (11 yes, give war or dates of service) SECURITY NO.					
18. 7/1 A CAUSE OF DEATH INTERVA					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Premature separation of placenta Due to (C) Transverse presentation (C) Transverse presentation					
U TO THE DISEASE OR CONDITION CAUSING IT.					
	TOPSY?				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or Land of the property of the prope					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from July 29, 1952 to July 30, 1952, that I las					
deceased alive on July 30, 1952, and that death occurred at 10 am., from the causes and on the date sta	t saw the				
	t saw the cd above,				
William & Baldwin M.D. 1400 N. Caroline Street July 30	t saw the cd above. SIGNED				
24a. BURIAL, CREMA- TION REMOVAL (Specify) 124c. MAME of CEMPTERY OR CREMATORY 24b. LOGATION (City, town, or county)	cd above. SIGNED 1952				
DATE RECEIVED BY RECEIVED BY RECEIVED BY LOCAL REGISTRAR SIGNATURE ADDRESS	cd above.				
AUG 8 - 1952 go valualus, My planard Atuck	cd above. SIGNED 1952				
VS 150 VS 150 S305 About Nd.	cd above. SIGNED 1952				

NAME OF THE PERSON OF THE PERS

GREBORIUS BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7429

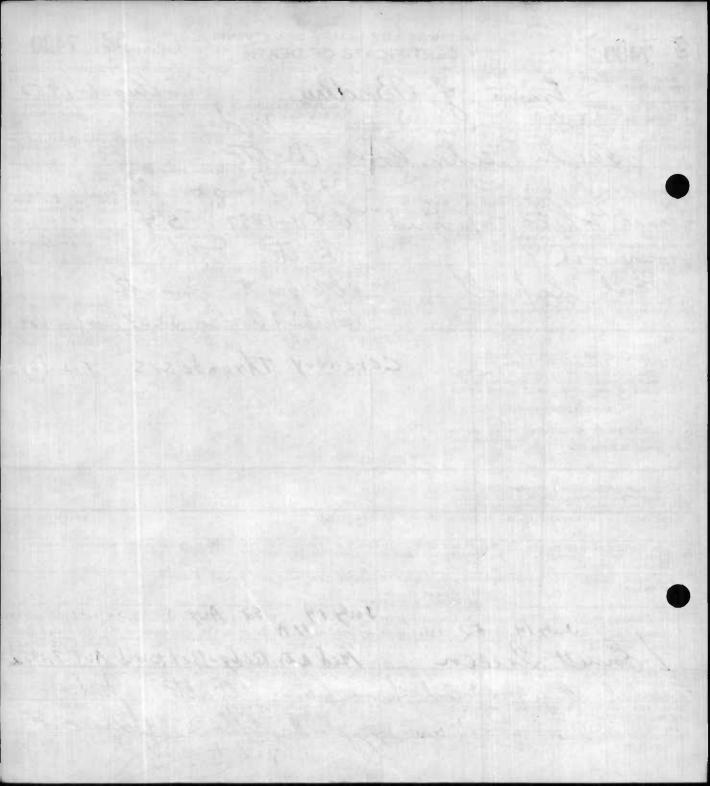
BIRTH NO.							
1. (T	NAME OF D ype or Print)	ECEASED mark	Jaret am	-y regorii	^	2. DATE OF DEATH	1-25 P.M.
	PLACE OF D Baltimore (City, Maryland	200	Fally se-	4. USUAL RESIDENC	E (Where deceased lived	If institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address of		(Montside corporate lin	it write RURAL and give
	()	Little Sis	ten of	their ool	03al	Umore 1	township)
G.	Length of s	tay in Baltimore	28	Yrs. Mos. Dnys	D. STREET ADDRESS	(If rural, give location)	
5	SEX	6. COLOR OR RACE		MARKIED: ZED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under I Year If Under 24 Hours Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
		John	Coop		W must	d'tum	
		ED EVER IN U.S. ARMEI (If yes, give war or deter		16. SOCIAL SECURITY NO.	17. INFORMANT	1500	ADDRESS
TIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT a not mean the mode of tre, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	FH f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH	e, .) DUE TO (B) (G OUE TO (C)		r Diseas	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DESCRIPTION CAUSING IT.							
AL	19A. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) TINJURY WHILE AT WORK WHILE AT WORK AT WORK THE STATE OF A ST							
	22. I hereb	y certify that I att	ended the		-6 , 1954, to	8-6 , 19.	That I last saw the
	deceased a	ture on 8-5	_, 1952.		rred at 12: a5 p.m., fro	m the causes and on	the date stated above.
	A. BURIAL		10.00	M. O. 24c. NAME OF CEMETE	ERY OR CREMATORY 24	to. LOCATION (City, tow	n, or county) (State)
	ATE RECEIVE OCAL REGIST AUG 8 -		+ 11	Villiams MT?	25. FUNERAL DIRECT	OR defeld 900 to	Beddle Sh.
	VS 150	1002	9	7	071	26	



/	34
52	7430
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.						
1. NAME OF DECEASED Emma G. Boro	Allen 2. DATE OF DEATH Rug. 6-1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USAL RESIDENCE (Where deceased lived institution: residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
INSTITUTION 501 S. Derhu are.	Ballo (township)					
Yrs.	D. STREET ADDRESS (If rural, give location)					
ngth of stay in Baltimore Mos. Days	3208 Kenyon ave.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years it Under 14 Hours Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of 10B. LIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
work done during most of working life, even if retired) INDUSTRY	Balts. Md. WHAT COUNTRY?					
13. FATHER'S NAME	MOTHER'S MAIDEN NAME					
Vaul Schroll	Margaret Smith					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS					
	Mustin & Bordley 3208 Kingan Hore.					
18. 420,1 CAUSE	OF DEATH					
LEADING TO DEATH	onary Thrombosis 14 days					
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
Z (B)						
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
	YES NO Z					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., a CAUSE OF DEATH						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI						
m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from I W	19 14 , 19 2 to AU9 5 , 1952, that I last saw the					
	rred at / / m., from the causes and on the date stated above.					
1-cornett Vicen M.D.	ned Ats Bedy-Balto und AU9 7,1952.					
24A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial Aug. 9-52 Oak Jawn	fem. Balls. Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	35. EUNERAL DIRECTOR ADDRESS					
AUG 8 - 1952 Muntington Williams Miss	om a. Mella 2334 Johnson 11.					
vs 150	002102111					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

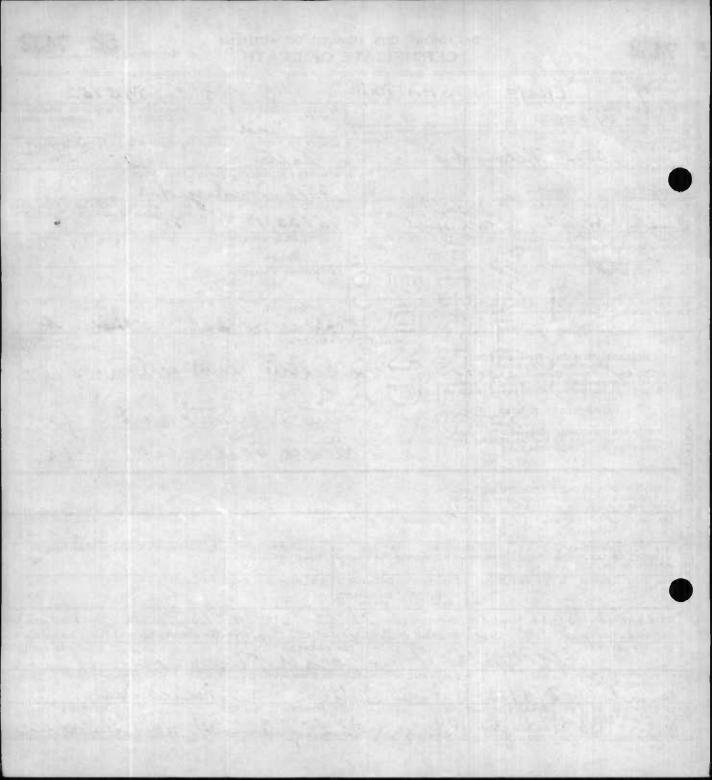
BIRTH NO. 104	
1. NAME OF DECEASED (Type or Print) ERNESTO SAMUEL	2. DATE OF August 4, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR US Public Health Service location) INSTITUTION Hospital Wyman Pk. Drive &31st Street	Philadelphia township)
ength of stay in Baltimore 12 days Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH 3/17/99 9. AGE (in years last birthday) Months: Days Hours Min. 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief cook Seafarer	11. BIRTHPLACE (State or foreign country) Panama 12. CITIZEN OF WHAT COUNTRY
Daniel Samuel	Theresa Lee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	abetes mellitus Unknown
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Obout home, farm, fectory, etreet, office hidg.,	In or 21C. WHERE DID (If in Baltimore City, give exact location)
216. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURR WHILE AT WORK AT WORK	
deccased alive on Aur. 4 15 52, and that death occu	July 23, 19 ⁵² , to Aug. 4, 19 ⁵² , that I last saw the erred at 5:58 Pm., from the causes and on the date stated above. 23B. ADDRESS US PHS Hospital, Balto, Md. 23c. DATE SIGNED US PHS HOSPITAL, Balto, Md. 8/6/52 ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 8/8/1952 Mt. Auburn DATE RECEIVED BY REGISTRAR'S SIGNATURE AUC 9 1050 Huntington Williams MS.	Baltimore, Md. 25. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips
400 Vs 150 1952	7 4 21808 N. Monroe St. Balto., Md.

THE SHEET SECTION AND ADDRESS OF THE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7432

1. NAME OF DECEASED 2. DATE (Type or Print) SHAFFER LILLIE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) (If outside corporate fim)ts, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (in years | N Under | Yest | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewill 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nuknown) SECURITY NO. INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from_ , 195 5 that I last saw the 19 52 and that death occurred at630 deceased alive on m., from the eauses and on the date stated above. 23A. SIGNATURE 235 DATE STONED 24A. BURIAL, CREMA-248. DATE TION, REMOVAL (Specify) Osurial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTR VS 150



CERTIFICATE OF DEATH

Registered No. 7433

BIRTH NO.	L OI DEATH
1. NAME OF DECEASED (Type or Print) MARY ELIZABETH	BRICKLEY 2. DATE OF DEATH 8-5-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RUMAI and give
4839 FIAZELWOOD HVE	D. STREET ADDRESS (If rural, give location)
Mos.	1100 C 11 - 11 -
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 4 Hours
WIDOWED, DIVORCED (Specify)	16-24-1873 7 Shirthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
AT HOME Working life, even if retired)	VIRGINIA WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WC. WILSON	EMMA HORMS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NONE	CEBRICKLEY JR. BALTIMORE MO
7000	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in asselve to Carlo Discolo
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	hoselholie (ardyrascola Diseas Jyis
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Tatorus Clara
DISEASES OR CONDITIONS, IF ANY, GIVING	men yer
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Seniliti
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	halety Wellite
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
N N N N N N N N N N N N N N N N N N N	YES NO L
21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (e.g., i about home, farm, factory, atreet, office bldg.,	
CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY (Month) (Day) (Teat) (NOTH)	
m. WORK AT WORK	
	may, 1950, to august 5, 1952 that I last saw the
	rred at 42:24m., from the causes and on the date stated above.
mark. English M.D.	5713 Below hed 8-5-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 8-7-32 MORELAND.	MENIORINA BALTIMOIZE, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 8 - 1952 Murlington Wethaus, My	F.C. HIKINGOTHOM, ELLICOTTCITY
VS 150	MO

3-5-8 YARRY STREETH BRIEKLEY STEICHEND 4537 FIREE WOOD IT I HARTINGEE HERE PREEDWAY Tersteness! SA SAL BROKE OF EDWINDER TE SALTET WE TO Medicina Central Control district

5	10
2	7/13/
BIRTH	NO.

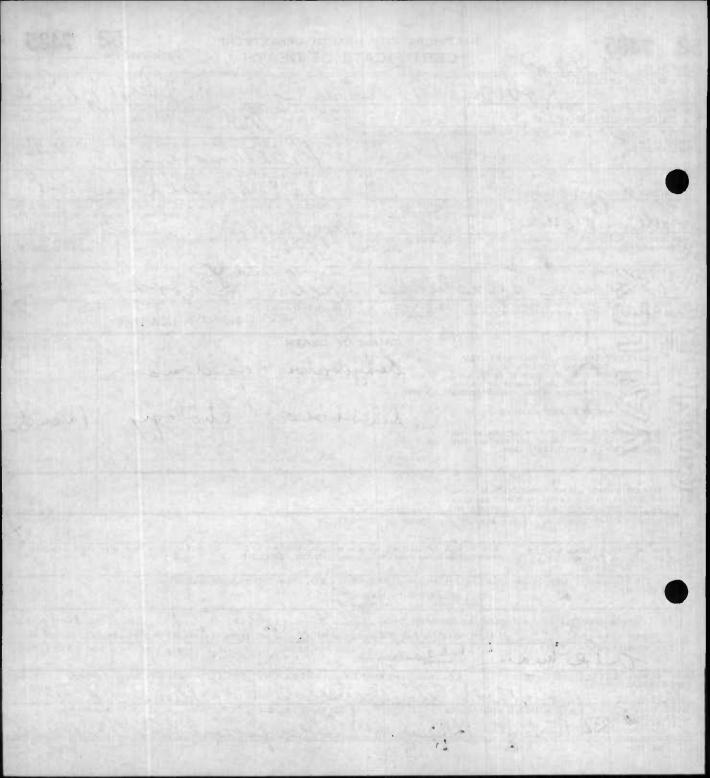
CERTIFICATE OF DEATH Registered No. 7434

BIRTH NO.					
1. NAME OF DECEASED				2. DATE	
(Type or Print) Mrs. 1	Marie Lair	ng	OF DEATH 8-6-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland	Baltimo	ore Md.	4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	before admission)
B. FULL NAME OF (If not in he	ospital or institut	ion, give street address or location)	Maryland	Howan	
HOSPITAL OR INSTITUTION	Transland.	location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)
St. Agnes	Hospital		P.G.U.P.A.C.G		
	15 15 20	Yrs. Mos.	D. STREET ADDRE	ESS (If rural, give location)	1080
c. Length of stay in Baltimor	e 590	Days	Savage M	aryland	C WAY
5. SEX 6. COLOR OR RA		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under I Year If Under 24 Hours Months Days Hours Min.
Female White		arried	6_30 1902	50	Months Days Hours Will.
IOA. USUAL OCCUPATION (Givek	nd of 108. KINE	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
work done during most of working life, even if re-	ured)	INDUSTRY	Marylan	d	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MA		
Robert McIntyre				Shivey	
15. WAS DECEASED EVER IN U. S. A.	PHED EODCECS	16. SOCIAL			
(Yes, no or unknown) (If yes, give war or	dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO		None	Robert Lai	ng Savage, Md.	
heart failure, asthenia, etc. It injury or complication whi ANTECEDENT CO DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION II OTHER SIGNIFICANT CO TRIBUTING TO THE DESASE OR CONDITION TO THE DISEASE OR CONDITION TO	ch caused death AUSES S, IF ANY, GIVIN (A) STATING TH I LAST. NDITIONS CON BUT NOT RELATE	(B)		Heart Failure	
19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
- 4					YES NO
21a. ACCIDENT WAS UNDE LYING OR CONTRIBUTION CAUSE OF DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldge			y, give exact location)
ID. TIME (Month) (Day) (Y		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK	21F. HOW DID	INJURY OCCUR?	
22. Thereby certify that I	attended the	IV.	, 195	to Ave 6 19	5- that I last saw the
deceased alive on Asia	10.52		red at 9:30 A m	from the causes and on	
23A. SIGNATURE		, 2	3B ADDRESS	Hal.	23c. DATE SIGNED
24A. BURIAL, CREMA 24B. DATION, REMOVAL (Specify)	TE :	M. D. 24C. NAME OF CEMETER	RY OR CREMATORY	240 LOCATION (City, to	vn, or county) (State)
Burial	0 0 50	Savage		Savage M rylar	rd
DATE RECEIVED BY DECISTE	AR'S SIGNATI		25. FUNERAL DIR		ADDRESS
AUG 8 - 1952 Hun	A: 1- 1	1 m		dson, Laurel, Mary	rland
VC 1EO	0 1	La las			

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50)	-0
(A)	E OF DEATH Registered No.
BIRTH NO. 52 -106000	E OF BEATH
1. NAME OF DECEASED Liver / Juno	tall 2. DATE lug. 7, 1/5-2
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL NESIDENCE (Where deceased lived If institution residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR location)	
JOHNS HOPKINS HOSPITAL Yrs.	D. STREET ADDRESS (If ryay), give location)
5. SEX COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGF (In years) II linder 1 year 11 linder 24 Hours
male olored WIDOWED, DIVORCED (Specify,	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (GivekInd of rock done during most of working life, even if retired) INDUSTRY	11 TR HPPACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ann runknown) (If yes, give war nr dates of service) SECURITY NO.	17. INFORMANT ADDRESS
SEGORITI NO.	JOHNS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	1 -2 ft 0
DISEASES OR CONDITIONS, IF ANY, GIVING	hold . Chology Thouth
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY3 /
	YES NO NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg.,	in nr 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from B	, 195, to 8 / , 19 , that I last saw the
deceased alive on b / , 195 and that death occuy	
23A. SIGNATURE MAD. M.D.	236. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED
24A. BURIAL. CREMA. 24B. DATE TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY RESISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 8 1952 Amtington Williams, My?	Tibson Fugeral Home - 1735 Druid
VS 150	Will Cive

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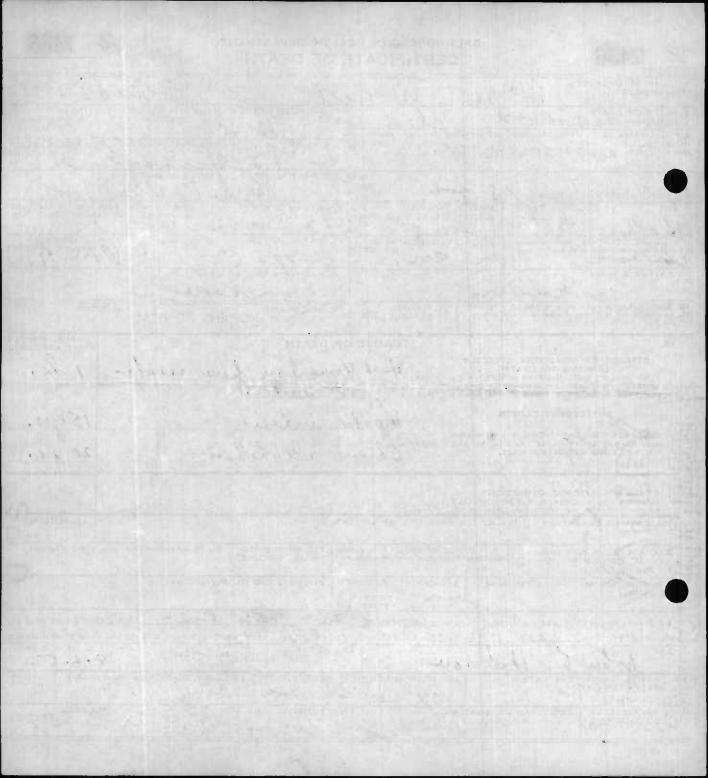


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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registered	.,0-	

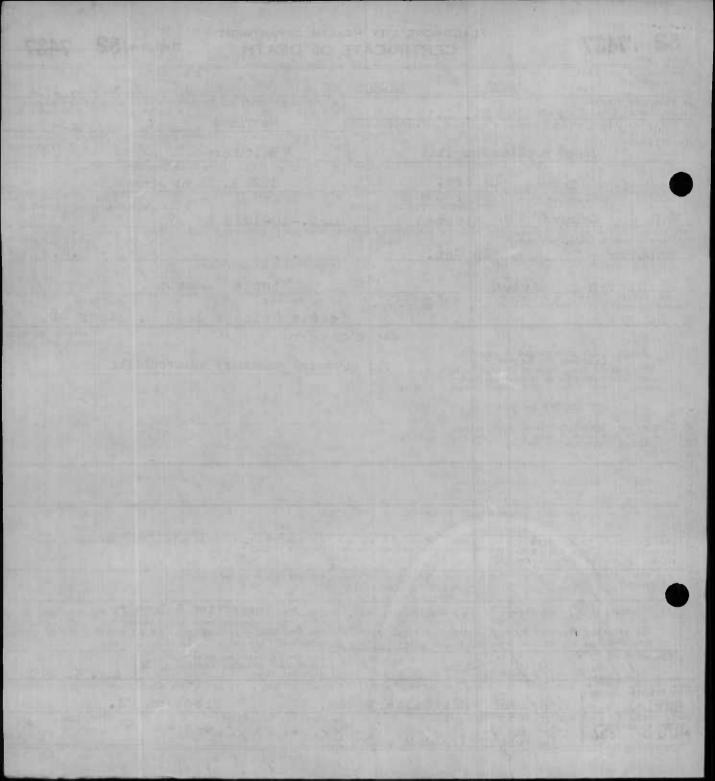
BIR	IH NO.									
(Ty	NAME OF DE	T. S.	4	sec	e w	le	ite	2. DA OI DEA	TH Che	92,1952
A. E	Baltimore C	ity, Mary		il. (Poles	L2	A. USUAL RESIDENCE	CE (Where dec	county	stitution: residence before ad lission)
HOS	ULL NAME (SPITAL OR TITUTION				n give street	address or location)	C. CITY OR TOWN	(If outside c	orporate limits,	write LORAL and give
	ength of st	av in Ralf	imoro /	15-91	21	Yrs. Mos. Days	D. STREET ADDRESS	(H rural giv	e location)	O St
5. S		6. COLOR		7. SINGLE.	MARRIED, D, DIVORCE		8. DATE OF BIRTH	9. AGE	(In years Word	ndor i Year If Under 24 Hours has Days Hours Min.
ork d	OD during most of	working life, ev	Give kind of en if retired)	Orc.	BUSINES	S OR IDUSTRY	11. BIRTHPLACE (State	te or foreign cou	intry) 1	2. CITIZEN OF WHAT COUNTRY
13.	FATHER'S N	AME					14. MOTHER'S MAID	EN NAME		
		int	in	~			work	Corre		
Yes,	WAS DECEASE no op-unknown)	D EVER IN U	, S. ARMED war or dates	FORCES? of service)	16. SOCIAL SECURI	TY NO.	17. INFORMANT JOHNS HO	PKINS HO	SPITAL ADI	DRESS
1	18. 58	1,1	1		C	AUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	E OR CON	DITION I	DIRECTLY	0	101	2	1	. /	. 0
	(This does	not mean th	he mode of	H dying, e.g. is the disease	(A)	-0-1	Commonly !	sem s	espec-	1 1000
				used death.)		gra	l variet	2000	10.00	
		ANTECEDE	NT CAUS	ES	1	4	0 .			1.0
Z	DISEASES	OR CONDI	TIONS IS	ANY, GIVING	(B)	spas	e centoris	•••••		13 440.
Ĕ	RISE TO TH		AUSE (A)	STATING THE		20	. 0.01	2.		120
8	ONDERLI	ING COND	IIION LA	>1.	(c)	AL M	u allowed	isk		20 44 1
		1	1							
2		IGNIFICAN'	T CONDI	TIONS CON-						
٣ _	TO THE OI	SEASE OR C	ONDITION	CAUSING IT				•••••		
1	19A. DATE O	F OPERATI	ON 15	B. MAJOR	FINDINGS	OF OPER	ATION			YES NO
<u>0</u> -	21A. ACCID	FNT WAS I	INDER-	21B. PLA	CE OF INJU	RY (e. g., i	a or 21c. WHERE DID	(If in Bal	timore City, giv	ve exact location)
4ED	LYING OR	CONTRIB		about home, fa	rm,factory,street	, office bldg.,	ot.) INJURY OCCUR?			
	ID. TIME (Month) (Da	y) (Year)	(Hour) 2	1E. INJURY		ED 21F. HOW DID IN	NJURY OCCU	R?	
					WORK	NOT WHILE				
	22. I hereby	y certify,t	hat I att	ended_the	leceased from	om 3 -	26- , 1957	10 8-2	- , 1957	that I last saw th
	deceased al	(/	- 2 -				rred afeos m., fr	rom the caus	es and on the	
		hu Th	. 13	drivo	11-	м. D.	JOHNS HOPK			8-6-62
24/ TION	REMOVAL (S	REMA- 24E	DATE - 9	T2_2	4C. NAME OF	CEMETE	RY OR CREMATORY 2	300ATIO	City, town, o	r county) (State)
DA	TE RECEIVE	1952 BE	ISTRAR'S	SIGNATUR	diaus-	MAR	29 FUNERAL DIRECT	ilan.		Buntte
	VS 150					y Lo	V O			0



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7437

BI	RIH NO.								
1. (T	NAME OF E		JAMES	LAWSON			2. DATE OF DEATH AU	gust 4, 19	52
3. A.	PLACE OF E Baltimore	City. Maryland	Balto.	City	4. USUAL RESIDEN		ere deceased lived. B. COUNTY	f institution : resi before a	dence dmission)
В.	FULL NAME	OF (If not in hos	spital or institut	ion, give street address or location)		land		24	
	STITUTION	Tahun II.	letes Hes		c. CITY OR TOWN		itside corporatedim		and give township)
_		Johns Hop	kins hos	Yrs.	D. STREET ADDRES	imore	ral give location)		
			. 13 Yr	Mos.			ager Street		
3	SEX	tay in Baltimore		Days Days	8. DATE OF BIRTH		AGE (In years)	If Under 1 Year If Un	ider 24 Hours
	Male	Colored	WIDOW	ED, DIVORCED (Specify)		4.	last birthday)	Months Days Hou	rs Min.
-		CUPATION (Givekin		OWED OF BUSINESS OR	00 t 10-19		ign country)	1 12. CITIZEN	OF.
worl	~ .	of working life, even if reti		INDUSTRY	e 0			U.S.	UNTRY
13	Labore FATHER'S		III	en.	14. MOTHER'S MAIL	DEN NAM	1E	1 0.00.2	1.
	0.4	T			Minni	т.	0211000		
15	. WAS DECEAS	Ven Lat	WEOD MED FORCES?	16. SOCIAL	Minni	re n	awson	A D D D E G G	
(Ye	, no or unknown)	ED EVER IN U.S. AR (If yes, give war or	dates of service)	SECURITY NO.				ADDRESS Eager St	V
	NO				Bessie Math	lews	TO20 E. I		
	18. 00 8	LX 1		CAUSE	OF DEATH			INTERVAL ONSET AN	
	DISEA	SE OR CONDITION		77			hu hamaul aad		
	(This doe	s not mean the modure, asthenia, etc. It:	de of dying, e.		dvanced pulmo	nary	cubercutos	-5	
		complication which							
		ANTECEDENT CA	AUSES						
7	5105105			(B)	******************************		***********************		*******
ō	RISE TO	S OR CONDITION:	(A) STATING TI						
AT	UNDERL	YING CONDITION	LAST.	(C)	***************************************		***************************************		**************
RTIFICATION		11							
Ë		SIGNIFICANT COL							
ER		SISEASE OR CONDIT							
O	19A, DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION			20. AUT	
CAL						- (74		YES	NO X
EDIC.	UNDERLYIN	NAL CAUSE WAS IG OR CONTRI CAUSE OF DEAT	B. about home,	ACE OF INJURY (e. g., i arm,factory,street,office bldg.,	or 21c. WHERE DII		in Baltimore City,	give exact locat	ion)
Σ	210. TIME	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	INJURY (OCCUR?		
r	P INJURT		m.	WHILE AT NOT WHILE					
	22. I eerti	fu that I took el	harae of the	remains described of	bove, held an Ins	pectio	on & Inqui	Y thereon ar	id from
				opsy, Inspection or 1	At	utopsy, Ins	spection or Inquir	У	
	and de	eath in my opini	on resulted t	rom: natural causes	X, accident \square , s	uicide [$]$, homicide \Box ,	undetermined	
	23A. SIGNA		D.		238. CHIEF MED	DICAL EX	AMINER 2	3c. DATE SIGN	
		alleen 16	double		.D. MEDICAL INVES	STIGATOR	₹	Aug. 5. 19	952
24	A. BURIAL.	CREMA- 24B. DAT	€ Y	24c. NAME OF CEMETE	RY OR CREMATORY	240. LOC	ATION (City, tow	n, or county)	(State)
	Burial	8/8/	1952	Mt Calvery (Cem.	Br	ooklyn Me		1
	TE RECEIVE	D BY REGISTRA		RE,	25 FUNERAL DIRE	CTOR	. 10 13	ADDR 96	dela
A	UG 8 27	952 Hani	tington !	Velliaus, My.	Chay W	Llan	1000/5		
V	S 151		0	300	~ · · · · · · · · · · · · · · · · · · ·	A 873		V	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) KUEUS DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland / Se A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Inno INSTITUTION UNIV. HOSPITAL location) (If outside corporate limits, write RURAL and give ALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore LHERRY Days 8. DATE OF BIRTH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Under 1 Year | 1 Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OF RACE 30.1883 MARRIED 10A. USUAL OCCUPATION (Glvekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTR ARYLAND KETIRED 13. FATHER'S NAME LAROGEN 14. MOTHER'S MAIDEN NAME LAWSON ENNINGS DROOKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ACUTE URINARY RETENTION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ROSTATIC ENLARGEMENT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY WHILE AT 22. I hereby certify that I attended the deceased from / August 1952 to 5 August 1952 that I last saw the deceased alive on & August 1952 and that death occurred at 215 P.m., from the causes and on the date stated above. 23A. SIGNATURE 23c DATE SIGNED 240, LACATION (City, town, or county 24A. BURIAL CREMA-TION SEMOVAL Specify) 24B. DATE DATE RECEIVED BY 25. HUNERAL DIRECTOR REGISTRAR'S SIGNATURE

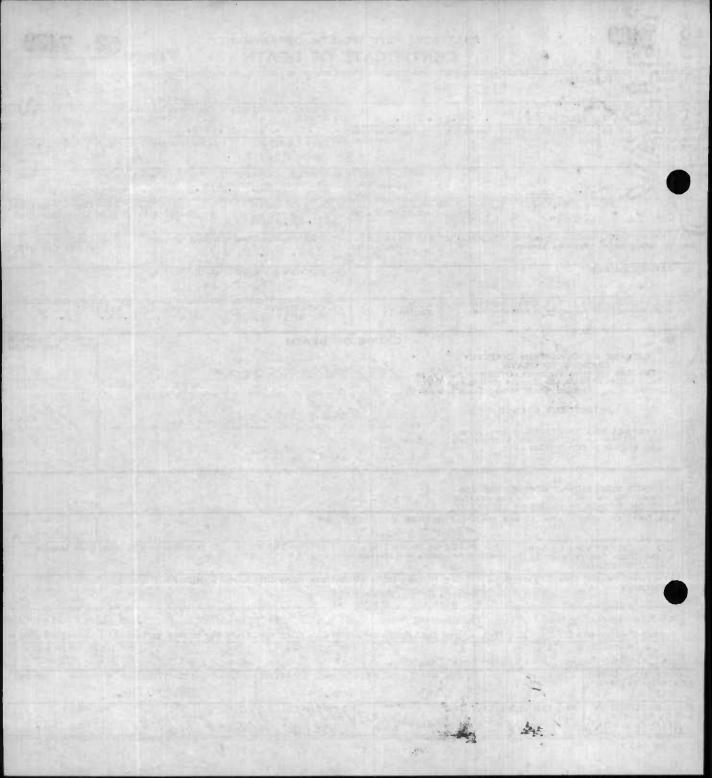
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 7439

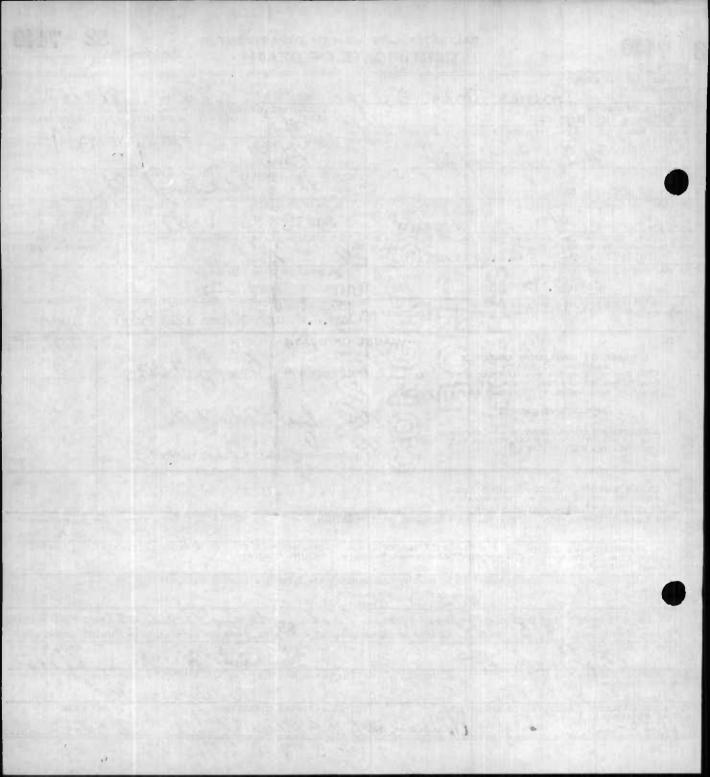
BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Elsie Ege OF August 7,1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 818 N. Pat. Pk. Ave. A. STATE B. COUNTY before admission) 818 N. Pat Pk. Ave. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION township) Raltimore Md. D. STREET ADDRESS (If rural, give location) Yrs. life Mos. 818 N. Pat. Pk. Ave. ength of stay in Baltimore Days 5. SEX AGE (In years If Under I Year II Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) Female white Apr.17.1884 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Stolzenbach Mary Sterngle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Frederick Ege 818 N. Pat. Pk. Ave. (Yes, no or uokoowo) (If yes, give war or dates of service) M SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from_ 195 That I last saw the deceased alive on 4. 1952, and that death occurred at m., from the causes and on the date stated above. 23 GNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Loudon Park Cem. Balto. Md. Burial Aug. 1 DATE RECEIVED BY REGISTRAR'S SIGNATURE **ADDRESS** UNERAL DIRECTOR LOCAL REGISTRAR 2024 Orleans St. VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 7440

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GORMAN . DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write kUR, L and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS Mos. ength of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year last hirthday) Months; Days Hours Min. Jan 31, 1883 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Paperhanger C. L. Asendorf Co 13. FATHER'S NAME Const. 14. MOTHER'S MAIDEN NAME John J. Gorman Mary Lally 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Irs. J. Joseph Gorman 1213 Dukeland Street INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK , 1922 that I last saw the 22. I hereby certify that Dattended the deceased from. 19.32 and that death occurred at 1 deceased alive on Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150



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BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) AUG: 5: 1952 ALBERT MORAN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : resident A. Baltimore City, Maryland A. STATE B. COUNTY before (mission) MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits) write RURAL and give INSTITUTION 433 East Lynn Street township) BALTIMORE CITY D. STREET ADDRESS (If rural, give location) Yrs. Mos Life 433 East Lynn Street c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH July 17-1897 Male Married White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pk. Vemetery Baltimore Maryland Care-taker Loudon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward J. Moran Mary Litchfield 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Alice M. Moran. . 433 East Lynn St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL landuas morre YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 19 Sthat I last saw the 1952 to 22. I hereby certify that I attended the deceased from. and that death occurred at 1.330 m., from the causes and on the date stated above, deccased alive on 2 23A SIGNATURE 23B. ADDRESS 23c DATE SIGNED redicte aces 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24B. DATE BURIAL AUG: 9:1952 Laudon Park Cemetery Baltimore Maryland REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTR Junkington Ulad

VS 150

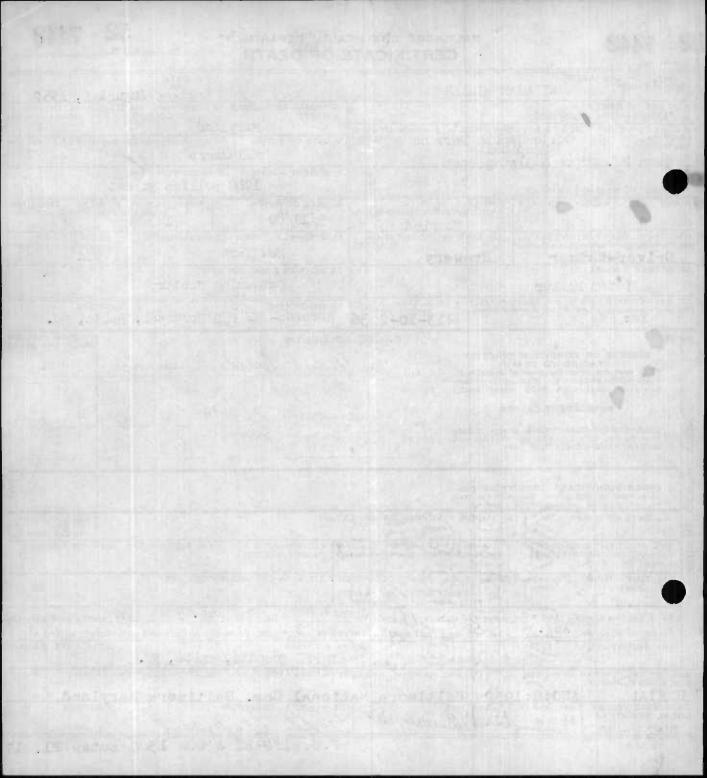
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14	60
2	7442
BIRTH	NO.

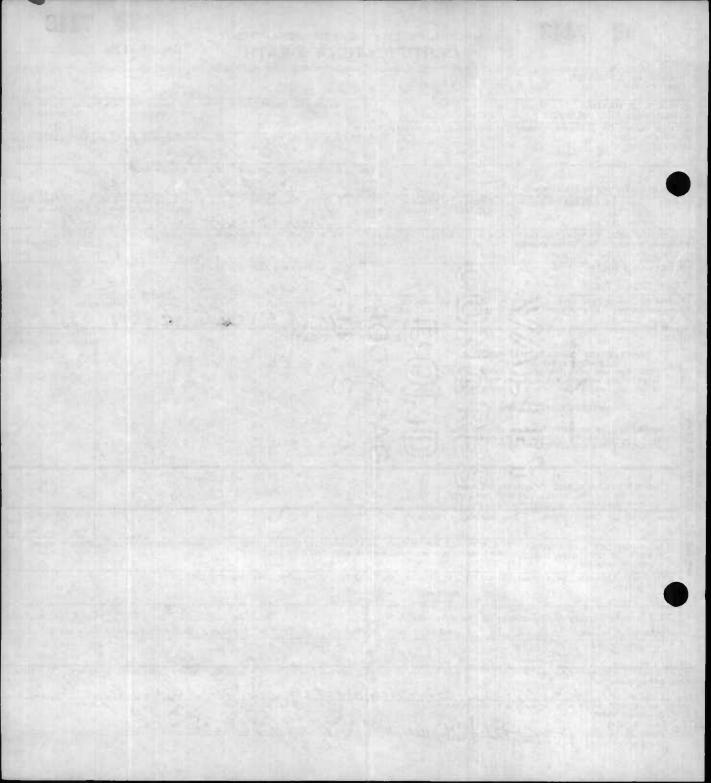
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7442 Registered No.

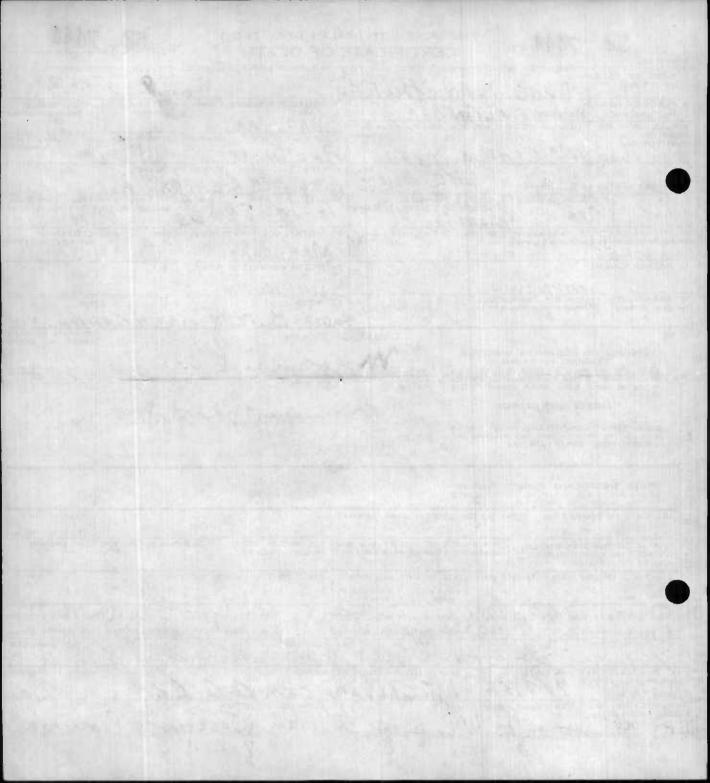
1. NAME OF DECEASED 2. DATE WILLIAM MILLER August 5, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location)
INSTITUTION HOSPITAL Marvland C. CITY OR TOWN (If outside corporate limits, write RUKAL and give township) Bal timor e Wyman Pk. Trive & 31st street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1940 Hollins Street ngth of stay in Baltimore Davs 9. AGE (In years li Under 1 Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9/11/80 Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY New York Driver-Halmer Brewery USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Schlarp Peter Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) Records- US PHS Hospital, Bal to, Md. Yes SAW INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., Confluent Tolvlar Premiumi heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Caremonn of Left ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDIC 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 3 P m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from June 6 deceased alive on Aug. 5 19 52 and that death occurred at_ 23A. SIGNATURE US PHS Hospital, Balto, Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) BURIAL Baltimore National Cem. Baltimore Maryland Huntington Williams, M. DATE RECEIVED 8Y ADDRESS 25. FUNERAL DIRECTOR 1300 Eutaw Pl. 17 VS 150



BIRTH	NO	CERTIFICAT	E OF DEATH	Registered No.	
	E OF DECEASED	A			,
(Type or	Print) CATHEK	INE BE	ECKER	2. DATE OF DEATH	1-5
A. Balt	imore City, Maryland	Chinors.	4. USUAL RESIDENCE (Where deceased lived, If/inst B. COUNTY	itution : residence before admission)
B. FULL		tution, give street address or location)	rea		ald.
INSTITU		Sp.	c. CITY OR TOWN (I	of outside corporate finits, w	rite RURAL and give township)
		Yrs.	D. STREET ADDRESS (II	f rural, give location	
	rth of stay in Baltimore	Mos. Days	12238.7	Ederal St	
5. SEX		OWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years f Under last birthday) Month	s Days Hours Min.
10A. US	UAL OCCUPATION (Give kind of 10B. KL	ND OF BUSINESS OR	11. BIRTHPLACE (State or 1	areign country.	1/4
vork done d	uring most of working life, even if retired)	INDUSTRY	Baltin	Md 12	WHAT COUNTRY
13. FAT	HER'S NAME	-	14. MOTHER'S MAIDEN N	AME	
-6	harles Helmil	e	Catherine	Berkinsto	ck
15. WAS	DECEASED EVER IN U. S. ARMED FORCES: nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	O Asa / A ADDE	RESS
2		nanes	Was tend	Theker 12	23E. Teles
18.	260X	CAUSE	OF DEATH	0	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Y 1		7.1	ONSET AND DEATH
(LEADING TO DEATH This does not mean the mode of dying,	as In My E	reardeal	marchion	2-30 KB.
h	eart failure, asthenia, etc. It means the dis- ajury or complication which caused dec	ease,			
	ANTECEDENT CAUSES	11.45	ev ducare		
Z S	ISEASES OF CONDITIONS	(B)		***************************************	*******************************
E RI	ISEASES OR CONDITIONS, IF ANY, GIVISE TO THE ABOVE CAUSE (A) STATING	THE DUE TO	etes Theo. Hor K	Par Alan	
A D	NDERLYING CONDITION LAST.	(C)	eles her. Yor h	· renal Arroge	
<u>ا ا</u>		(0)		······································	
Ë			, r	enal assells	
	THER SIGNIFICANT CONDITIONS CRIBUTING TO THE DEATH, BUT NOT RELA		ed Peritonitis &	con down to	2 Tuno
U TO	THE DISEASE OR CONDITION CAUSING	IT.		colorary "	1,000
J 19A.	DATE OF OPERATION 198. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
₹					YES NO
LYI		PLACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
>	TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
0	NJURY	WHILE AT NOT WHILE		1	
22	I hereby certify that I attended th	14	ely 15 1952 to A	tug \$1 10520	hat I last saw the
			red at 9:40 am., from	, 15_, 6	tat I tast saw the
	SIGNATURE //		3B. ADDRESS		
234.	Vaniel	Bakal M.D.	Thai	H030 8	DATE SIGNED
TION, RE	WOYAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or o	Sounty) (State)
	wal Muy. 11, 1952	1 darkwo	od Duele 331	Vaylor Un	a so Me
	REGISTRAR REGISTRAR'S SIGNA	TURE	25 FUNERAL DIRECTOR	An In Al	DDRESS
UGR	- 1952 L	N'U. W. W.	Olares Il	Touthe	
VS	5 150 Tuntington	Total 1	Court FUN		



BIF	3 46 STH NO.	2 7444			EALTH DEPARTMENT	Registered 1	No. 7444
1.	NAME OF D	A	Louine	BUTIE	20	2. DATE OF	5-52
B. F HO	PLACE OF D Baltimore (FULL NAME SPITAL OR STITUTION	City, Maryland	ALTIM tal or institution,	ORE give street address of location		B DUNTY	institution : residence before admission s, write RURAL and give township
	109	19 Nº CE	NTRAL.	AVE Yrs.	BALTIMORE D. STREET ADDRESS (IF	rural, give location)	township
	ength of s	tay in Baltimore	4/10 7. SINGLE, N	Mos. Days	1099 NZN CE	ENTRAL. A	VE - 1 Under 1 Year If Under 24 Hours
M	ALE	COL	MARRI	DIVORCED (Specification)	12-19-89	63 Moderated	onths Days Hours Min.
work		CUPATION (Give kind of working life, even if retired)		F BUSINESS OR INDUSTR	MARYLAND		WHAT COUNTRY
		MNKNOV	VN.		LINKIYOWN.		
15. (Yes,	mo or unknown)	ED EVER IN U. S. ARME	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT SADIE BUTLEN	. / ^	DDRESS
ERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY	LEADING TO DEA TO THE ABOVE CAUSE (A) TO THE ABOVE CAUSE (A) TO THE ABOVE CAUSE (A) TO THE DEATH, BUT	TH of dying, e. g., ans the disease, caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON-	(A)	yocardial	infusti Curt Dis	on 4 kom
U,	TO THE D	ISEASE OR CONDITION	CAUSING IT.	INDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	LYING O	DENT WAS UNDER-		OF INJURY (e. g.,		If in Baltimore City,	YES NO give exact location)
W.	210. TIME FINJURY	(Month) (Day) (Year	WHI	E. INJURY OCCUR	E .	Y OCCUR?	
	deceased a			d that death occ	rred at 13, m., from 23B. ADDRESS		he date stated above
13	A. BURIAL, N. REMOVAL (S	Specify) 7/9/	15-2 1	C. NAME OF CEMET	ARY CEM Q.	A. Co.	Md
LO	RECEIVE CAL REGIST	RAR	S SIGNATURE	· · · · · · · ·	William A. Ta	CKSAN OIL	ENNA AVE.
7.0	VS 150	Hunting	ton Villa	1 99	099171	141	with fire



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 7445

BI	RTH NO.			CERTIFICATI	E OF DEATH	registered 1102	
1. (T	NAME OF D ype or Print)	ECEASED NEW	LIE	WARD		2. DATE OF AUG.	7. 1952
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, If inst	titution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3808 FIFTH 54				on, give street address or location)	C. CITY OR TOWN BALT	AND (If outside corporate limits, was a composite of the corporate limits, where the corporate limits are corporate limits, which is corporate limits are corporate limits.	
	an arth of a	to in Delti		Yrs. Mos.	11.12	(If rural, give location)	
5.	SEX	tay in Baltimore	7. SINGLE	Days . MARRIED.	8. DATE OF BIRTH		er 1 Year It Under 24 Hours
E		ω .	WIDOW	ED, DIVORCED (Specify)	Apr. 17. 1868	last birthday) Month	Bays Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country) 12	. CITIZEN OF WHAT COUNTRY?
		WIFE			MARYL		
13	FATHER'S	- D	1		14. MOTHER'S MAIDEN	1	
1 65	WAS DECEASE	1 - 1 - 1	nrey		MARGARET	A. UPTON	•
(Ye	s, no or nuknown)	ED EVER IN U.S. ARME (If yes, give war or date	os of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
1	Vo.			NONE	MG. WM. E. F	-09/e 3808 F	INTERVAL BETWEEN
CERTIFICATION	(This does heart failt injury or	SE OR CONDITION LEADING TO DEA not mean the mode are, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II BIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. g ans the disease caused death. SES IF ANY, GIVIN STATING THAST. ITIONS CON NOT RELATE N CAUSING I	(B)		romposis	1 month
AL		0	19B, MAJOR	FINDINGS OF OPER	ATION	But Denkin	YES NO
MEDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., in rm, factory, street, office bldg., e		(If in Baltimore City, give	exact location)
22. I hereby certify that I attended the deceased from Wach 21, 1957, to deceased alive on white 4, 1957, and that death occurred at 35, m., from the causes and 23 SIGNTURE							hat I last saw the date stated above.
24	IA. BURIAL.	CREMA- 24B. DATE	UCh 2	M. D. 4C. NAME OF CEMETE	A 60 9 TW . W	LOCATION (City, toy), or	county) (State)
-	ON REMOVAL (S	× 1/-/	952	LOUDON F.	ARY B	ALTIMORE	MD
D	TE RECEIVE DCAL REGIST LG 8 - 19	BY REGISTRAR	s signatu	Williams M	25. FUNERAL DIRECTO		borth Aus
	VE 150		U	to the man and and			

Dr PJ GRIMALDI 4609 Ritchie H.

6	20
BIRTH	446

CERTIFICATE OF DEATH

Registered No. 7446

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Plans Fllis Brooks 2. DATE OF DEATH (Myst 7, 1957)						
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY B. COUNTY A. STATE B. COUNTY A. STATE B. COUNTY B. COUNTY						
ELUI NAME OF (If not in hognite) or institution give attract address or						
HOSPITAL OR INSTITUTION HOPKINS HOSPITAL C. CITY OR TOWN (If outside corporate libits, with REPLACE and give township)						
Yrs. D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Days 1+35 Whander Are,						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH J. AGE (In years II linder I Year list birthday) Months: Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of ork planeduring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF NIHAT COUNTRY?						
Janitieso Galto med USA						
SFATHER'S NAME CYT , BU 14. MOTHER'S MAIDEN NAME						
Joseph Brooks Bernice Dorsey						
15 (AS DECEMENT U. S. ARMED FORCES? (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT HOPKINS HOPK						
18. LIJ 2V INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g., (A) Julcarage word Hemanhay ((da						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
Z ANTECEDENT CAUSES (B) AS performe antendente						
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Cardin Viscular desease						
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?						
YES NO						
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 3-3, 152, to 9-7, 1952, that I last saw the						
deceased alive on 3-2, 1952, and that death occurred at 945 m., from the causes and on the date stated above.						
23A. SIGNATURE 22E. ADDRESS 23G. DATE SIGNED						
Mcleand At , Delim DOHNS HOPKINS HOSPITAR						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)						
Buniel 8/12/52 arbulus arbulus mo						
DATE RECEIVED BY REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS						
AUG 8-1952 Huntington Williams, Mr. Bles. B. Kelson 1303						
VS 150						
110 14 Oressinan &						

BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 7447

50	TH N3.44			ERIFICAL	E OF DEATH	Registered in	0
	NAME OF E					2. DATE	
(Ту	pe or Print)		ariah Ed	wards		OF Augus!	6, 1952
	PLACE OF E	City, Maryland			4. USUAL RESIDENCE		nstitution : residence
B. F	TULL NAME	OF (If not in hospit	al or institutio	n, give street address or		B. COUNTY	before admission
HO	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)						
3		4940 Eastern	Avenue		Baltimore	10	U/ township
	enoth of s	stay in Baltimore	40	yrs. Mos.	D. STREET ADDRESS (If rural, give location) Arey Street	
	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED.		10 405 (1-1-1-1)	Under I Year If Under 24 Houss
-	ale	Negro		MARRIED. D. DIYORCED (Specify)	Aug. 17, 1875	birthday) Mor	nths Days Hours Min.
10A	doneduring most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	No			?	Maryland		WHAT COUNTRY
13.	FATHER'S				14. MOTHER'S MAIDEN	NAME	USA
			son Edwa	rds (Dec)	Elizal	beth Hammond (ec)
15. (Yes,	WAS DECEAS no or unknown)	ED EVER IN U.S. ARME! (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NON6	17 INFORMANT B. C	. H. 4940 Easte	odress ern Avenue
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	LEADING TO DEAT INC. IT MEAN TO DEAT INC. IT MEAN TO DEAT INC. IT MEAN TO THE ABOVE CAUSE (A) YING CONDITION LA TO THE DEATH, BUT ISEASE OR CONDITION	IH f dying, e. g., ns the disease, saused death.) ES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED CAUSING IT.	Post (A)	of DEATH operative shock rcinoma of prosta	ate	INTERVAL BETWEEN ONSET AND DEATH
SAL	8-6-	-52	Car	cinoma of pro	ostate		YES NO
MEDICAL	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR?						
	22. I hereby certify that I attended the deceased from						
	23A, SIGNA	T.S.	do	м. р.	38. ADDRESS 1940 Eastern Ave		23c. DATE SIGNED 3-7-52
TIOI	N. REMOVAL (S	ial Aug. 1	1, 1952	Mt Calvar	RY OR CREMATORY 24D.	Balto. Md.	or county) (State)
LOC	RECEIVE REGIST	PAB REGISTRAR'	+ 111	Tiarra Ma	25. FUNERAL DIRECTOR		ADDRESS Sstman St.
	VS 150	0		1 1 2 3		00 1, 0	

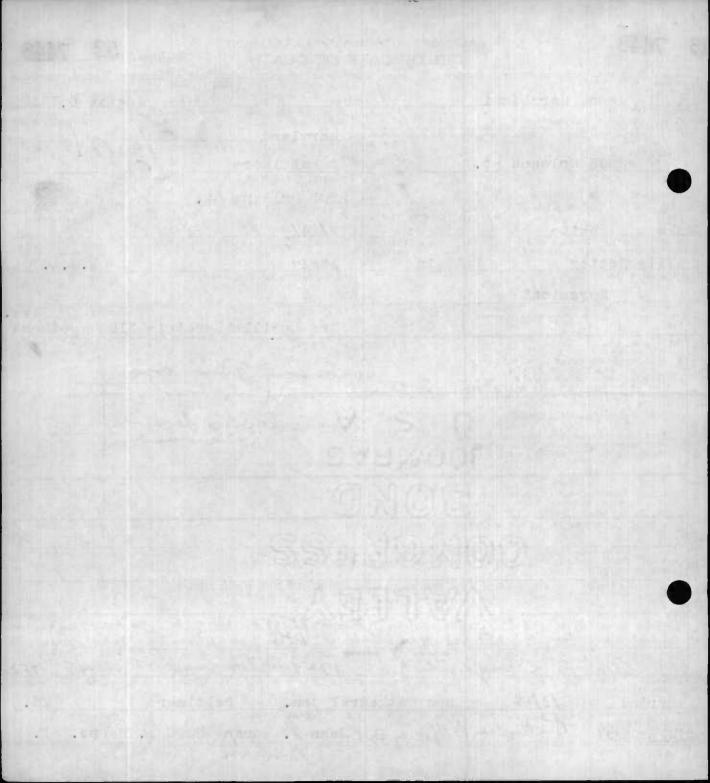
Hes. S. Kelson

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered N52 7448

BIRTH NO.	TE OF DEATH Registered No. 1220						
1. NAME OF DECEASED 2. DATE							
John Marchioni	DEATH AUGUST 6.1952						
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence						
B. FULL NAME OF (If not in hospital or institution, give street address	A. STATE B. COUNTY before admission)						
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give						
2805 Orleans St.	Baltimore township						
Yrs.							
c. Length of stay in Baltimore ? ?							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8 DATE OF BIRTH 9. AGE (In years) If Birder 14 Hours						
WIDOWED, DIVORCED (Special	last birthday) Months: Days Hours Min.						
Male White Widowed 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
work done during most of working life, even if retired) INDUSTR	WHAT COUNTRY?						
Tile Setter Building	Italy U.S.A.						
	14. MOTHER'S MAIDEN NAME						
? ? Marchioni	? ?						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, as or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS AVO						
? ? ?	Mrs Lucille DePetris 3128 Woodhome						
18. 420.1 CAUSE	OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
(This does not mean the mode of dying, e.g.,	oronay Montons						
heart failure, asthenia, etc. It means the disease,							
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
ANTECEDENT CAUSES	Classic Perdis thereads						
ANTECEDENT CAUSES Z O DISEASES OF CONDITIONS IF ANY CIVING	Chranic Cardio Vescula,						
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Chronic Cardio Vescula						
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Chranic Cardio Vascula						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Chranic Cardio Vascula,						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Chranic Curdio Vesaule,						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Chronic Cardio Vescula,						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY?						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ERATION 20. AUTOPSY? YES NO						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ERATION 20. AUTOPSY? YES NO (A) in or 21c. WHERE DID (If in Baltianore City, give exact location)						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ERATION 20. AUTOPSY? YES NO AUTOPSY?						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO AUTOPSY?						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO AUTOPSY?						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ERATION 20. AUTOPSY? YES						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO NO NO NO NO NO NO N						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ERATION 20. AUTOPSY? YES						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO A In or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? The company of the causes and on the date stated above.						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO NO YES Y						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NOW NOW INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR? Plant 15, 195 to ang 1, 195 that I last saw the curred at 12 an., from the causes and on the date stated above. 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DA						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NOW NOW INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR? Plant 15, 195 to ang 1, 195 that I last saw the curred at 12 an., from the causes and on the date stated above. 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DA						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO A In or 21c. WHERE DID (If in Baltianore City, give exact location) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? Product of Angle (1952), that I last saw the arred at b. An., from the causes and on the date stated above. 23b. ADDRESS 23c. DATE SIGNED Angle (1552) ERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Real Com. Baltimore Md.						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO A In or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR? Plant 15, 1957 to ang 1, 1957 that I last saw the arred at 12 an, from the causes and on the date stated above. 23b. ADDRESS 23c. DATE SIGNED 24d. LOCATION (City, town, or county) (State) REAL COM. Baltimore Md.						

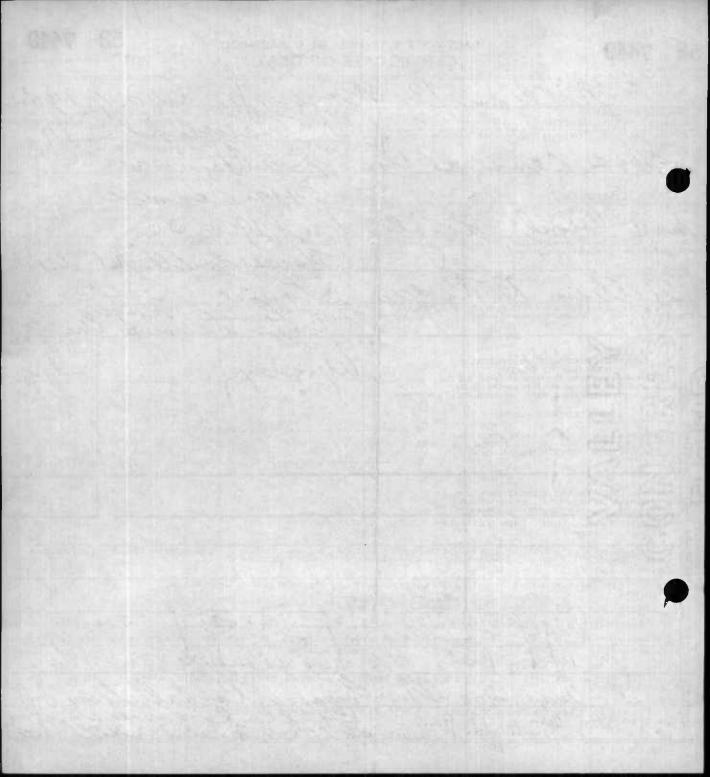


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BALTIMORE CITY HEALTH DEPARTMENT
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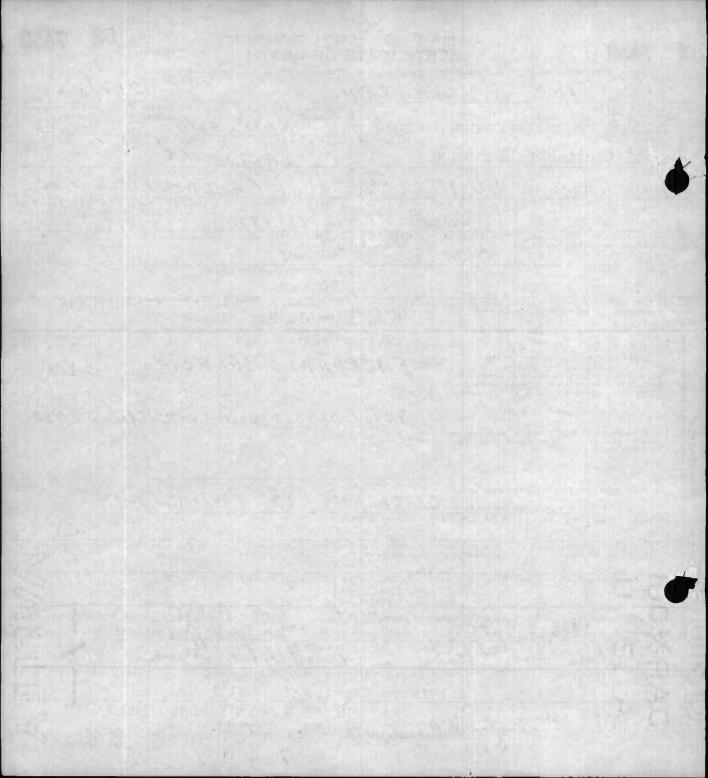
BIR	CERTIFICATE	OF DEATH	0				
1. N	AME OF DECEASED ! R. R.	vaero, br. 2. DAEL	1 1950				
A. B	ACE OF DEATH: altimore City, Maryland	4. USUAL BEFIDENCE (Where deceased lived. If in	before admission)				
HOS	JLL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (I outside corporate l'inits,	write WURA, and give jownship)				
Ú	Yrs. Mos.	D. STREET ADDRESS (If pural, give location)	0.				
	ength of stay in Baltimore Days Days EX 6. OLOR OR RACE 7. SINGLE MARRIED. WIDOWRO, DIVORCE (Specify)	h last hirthday) Mon	Under 1 Year II Under 24 Hours ths Days Hours Min.				
10A.	USUAL OCCUPATION (Givekind of noe during most of working life, even if retired) INDUSTRY	11. BIRTHELACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13.1	TATHER'S NAME DO	14. MOTHER SMAIDEN NAME	1. 11.10				
15. (Yes, 1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 OCIAL SECURITY NO. 2	MATORIAN RUGE	cos				
1	8. 334X CAUSE OF	5402 Denning	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, Injury or complication which caused death.) OUE TO	poplexy	2 days				
-	ANTECEDENT CAUSES						
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	9a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	TION	YES NO				
	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, foctory, etreet, office bldg., etc.) 21B. PLACE OF INJURY (o. g., in or about home, farm, foctory, etreet, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?					
		1 . 1 47	that I last saw the				
		Sow. Billy 87	230 DATE SIGNED				
24A PHON DU	REMOVAL (Secity) Qua, 11, 1952	mas Kandallal	scory her.				
A	RECEIVED BY REGISTRAR'S SIGNATURE Huntington Williams	THE PRESENT TYPE	ill are				
-							



CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED (Type or Print) OF ANZEN IDA DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before adversion) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or location C. CITY OR TOWN (If outside corporate lim Re RURAL and give Chesterfield Avenue ALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. HKSTERFIELD ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under | Year WIDOWED DIVORCED (Specify)
Widow last birthday) Months; Days Hours Min. 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. B/RTHPLACE (State or foreign country) 12. CITIZEN OF USAHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Germany at home Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 3601 ChesterfleldesAvenu 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) Arnold Max Jansen no 18. 332X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH ENCEPHALO MALACIA DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARTERIOLO SCLEROSIS & HYPERTENSION 20 YRS. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-ARCINO MA OF TRANSFERSE COLON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AUGUST 1952 that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 1 45 deedased dive on HUG. an., from the chases and on the date stated above. 23C DATE SIGNED 23B. ADDRES 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Md. Baltimore Cemetery Baltimore. burial SONS. INC. ADDRESS DATE RECEIVED BY REGIŞTRAR'S SIGNATURE

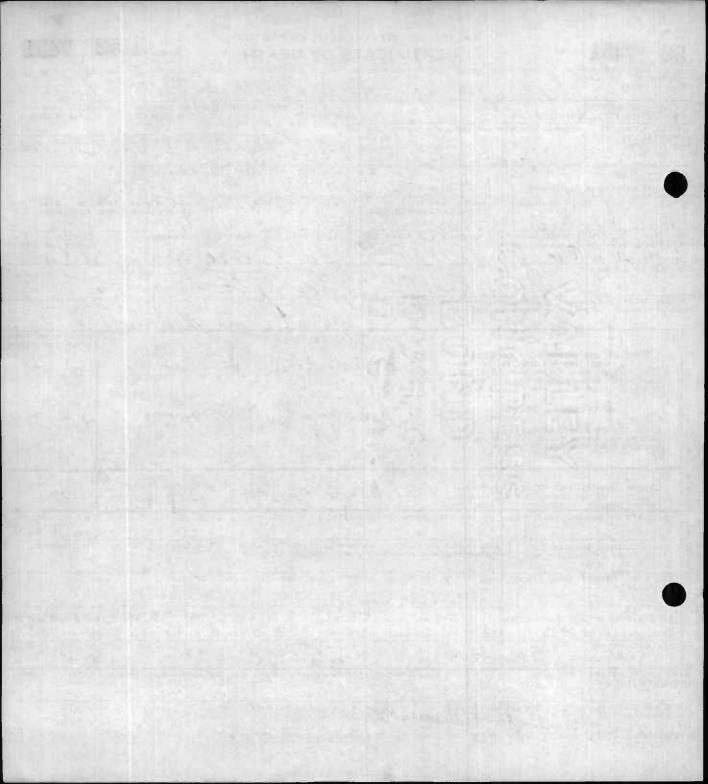
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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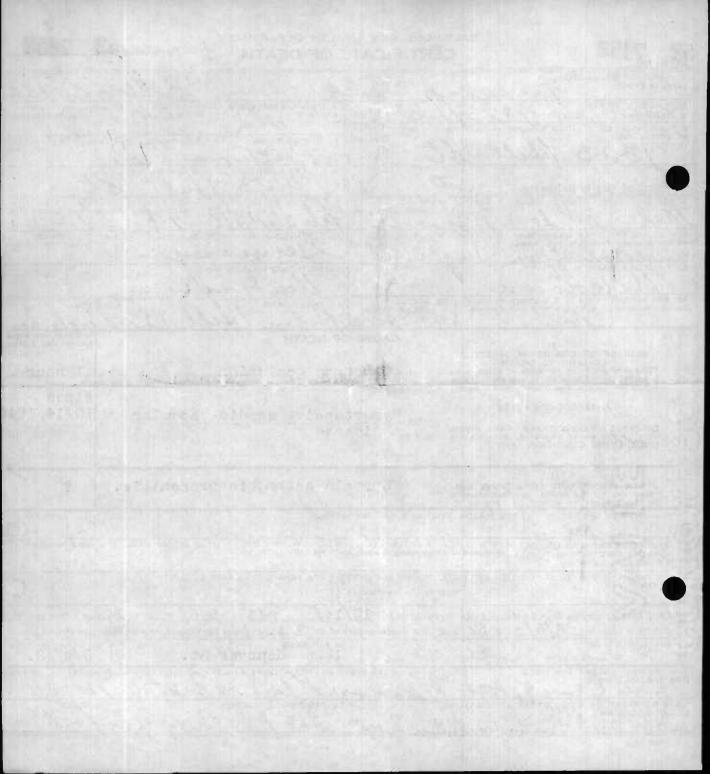
B)	RTH NO.										
(T	NAME OF DE	~	1002	ze-l	2.1	chus	ll	2. DATE OF DEATI		152	
	Baltimore C		nd			A. STAT	L RESIDENCE		sed lived. If in	nstitution : residence before admissio	n)
В.	FULL NAME			nstitution, give	e street address o		11-11				
11	OSPITAL OR	411	1	. 6.0	location -	c. cify	At a	(If outside cor	por te imits,	write RURAL and gi	ve p)
0-	of d	71-6	rme	2000	e-na	Da	elamo.				
	ngth of st	ay in Baltin	nore	es.	Yrs. Mero. Days	00	,110	If rural, give ! MMAA.	1 0	Rd	
5.		6. COLOR OR	RACE 7. S	INGLE, MAR	RIED.	8. DATE		9. AGE (Juder 1 Year If Under 24 Hou	115
-	ma Co	notion	1	. 1	VORCED (Specif	" 3/3	1/1073	last bi	rthday) Mon	ths Days Hours Mi	n.
10	A. USUAL OC	CUPATION (G	vekinde() 108	KIND OF B	WELL OR		HPLACE (State or	foreign count	1971	12. CITIZEN OF	-
wor	k done during most of	working lifereven	if retired)	has. h	MOUSTR		1-1	1016	,	WHAT COUNTR	Y?
4.0		non		Towe	1660	D-0	Genre	26 60		NJA	
13	FATHER'S N	AME) 0	1	10	14. MOTI	HER'S MAIDEN	NAME	,		
	1-606	DW7	1-1-1	chuic		M	ample	· al	aves	2	
15 (Ya	WAS DECEASE	EVER IN U. S	ARMED FOR	CES7 16. S	OCIAL ECURITY NO.	17. INFO	RMANT		() a AD	DRESS 241	7
((11304)	-	3	CORITY NO.	Third	Marie	06	Kolin 6	OB robote	20
_	18. 1/- 0 0			- 1 -	CALISE	OF DEA	TU	2 4-4-4	replace	INTERVAL BETWE	ÉN
	400		TION DIDE	cown M	OAUSE.	OF DEA				ONSET AND DEA	TH
		E OR CONDI	DEATH		Art	orio col.	evati. H	Lant Dis	Man.	7.4.44	
	(This does	not mean the	mode of dyi	ng, e. g.,	(A)	01 10301	COLIO 10				
		complication v			UE TO						
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AT	UNDERLY	ING CONDIT	ION LAST.	ING THE D	UE TO						
S			1000		(C)	*** * ** * * * * * * * * * * * * * * * *	******************************	**** **** **** ****** ****			
느		11									
8		GNIFICANT TO THE DEAT			A 0.00	am. I	rustatic	11 -	+	, were	
C		SEASE OR COM			1 2000	8	PUSVUITE	(94)	mbrylam	11.0	
1	19A. DATE O	F OPERATION	19B. M	AJOR FIND	INGS OF OPE	RATION				20. AUTOPSY?	
CAI										YES NO	X
010		ENT WAS UN			INJURY (e. g.,		WHERE DID	(If in Baltin	nore City, gi	ve exact location)	
Ш	CAUSE OF	CONTRIBUT	ING	t nome, farm, race	ory, street, office bldg	11470	RY OCCUR?				
Σ		Month) (Day)	(Year) (Hou	r) 21E. IN	JURY OCCUR	RED 21F.	HOW DID INJU	RY OCCUR?			_
1	INJURY			WHILE AT							
'				m. WORK	AT WORK						_
	22. I hereby	certify tha	t I attende	d the deceas		041,	, 1952 to	Hugust	5, 1952	that I last saw t	he
	deceased al	ive on Aw	7 19	52 and th	at death occu	urred at 7	A. m., from	the causes	and on the	e date stated abou	ve.
	23A. SIGNAT		0	•		23B. ADDR		- 1		23c. DATE SIGNE	
	No	Ohan	Itaem	m	M. D.	206	S. G11 mm	- 24.		8-8-52	
2.	4A. BURIAL. C	REMA- 248, 1	DATE,	249 N/	AME OF CEMET	ERY OR CRE	MATORY 24D.	LOCATION	(City, town,	or county) (State	e)
TI	ON, REMOVAL (S)	necity)	1/5-07	Va.	dereta	1/2. G	0-135	2017	So App.	1.h. Une	
D	ATE RECEIVED	BY I RECIS	STRAR'SISIO	NATHER	110	25. FUNI	100 100	38	cease is	ADDRESS /	3
	OCAL REGIST		A Ton	Willian	UA-, My	17	11	A A	Del	7 900	4
_	AUG 8 - 1	952 17100	ung	, , , , , , , , , , , , , , , , , , , ,		10h	u fo	auto	- X/12	~ Holles	4
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

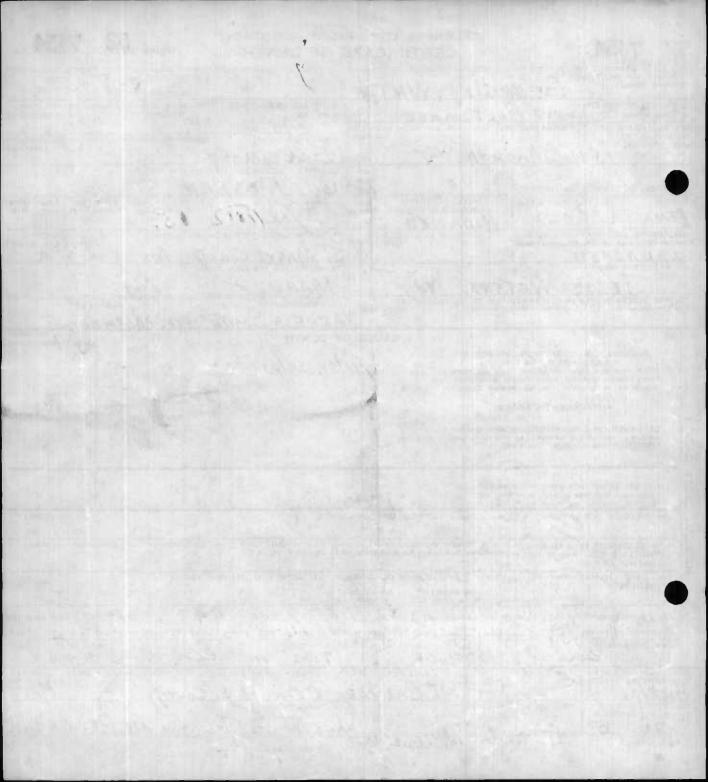
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B	IRTH NO.				10/11/2	- 01 - 111		
(T	NAME OF D 'ype or Print)	tre	dere	ek.	Kie	l		1.6,1952
Α.	PLACE OF D Baltimore (City, Maryland	ital or institut	Hall	ST.	A. USUAL RESIDENCE	(Where deceased lived, If	stitution: residence before admission)
H	OSPITAL OR	23 Kly	el /	the street	location)	c. CITY OR TOWN	(If outside corporate limit	write R) R/L and give township)
	ength of s	tay in Baltimore	5	0	Yrs. Mos. Days	D. STREET ADDRESS	(If rural give location)	Pt
5.	Male.	6 COLOFTOR RAC		MARRIED		8. DATE OF BIRTH	9. AGE (In years li last birthday) Mor	Under 1 Year it Under 24 Hours https: Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of working life, even if detire	lof 10B. KIND	OF BUSIN	ESS OR INDUSTRY	11. BIP HPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	Chauffen	n see	gar v	ef.	14. MOTHER'S MAIDE	N NAME	
1.5	M	Rnow				link	ndun	
(Ye	e, no or unknown)	DEVER IN U.S. ARM	IED FORCES? ates of service)		9-6550	Helen /	Lel 1226	DRESS A.
	18. 420 DISEAS	O / I	N DIRECTLY		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	LEADING TO DE not mean the mode re, asthenia, etc. It m	ATH of dying, e. g eans the diseas	e,		ary occlusi	on	1 hour
		complication which				anaiva aand:	io ve conlen	since 10/14/1944
NOIL	RISE TO T	OR CONDITIONS	A) STATING TH	G	apth	ensive card	10-vagcular	TO\TT\TOT
ERTIFICATIO	UNDERLY	ING CONDITION	LAST.	(C)				
CERTI	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU SEASE OR CONDITION	T NOT RELATE	.D	Chron	ic asthmati	e bronchitis.	3
	19a. DATE O	F OPERATION 0	19B. MAJOR	FINDINGS	OF OPERA	ATION		20. AUTOPSY?
IEDICAL		ENT WAS UNDER CONTRIBUTING[DEATH	1	CE OF INJU	JRY (e. g., in et, office bldg., et	or 21c. WHERE DID c.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
~	INJURY	Month) (Day) (Yes		21E. INJURY	OCCURRE NOT WHILE	D 21F. HOW DID IN.	JURY OCCUR?	
		y certify that I a	ttended the	deccased f	rom_10/		8/6/ ,19.5	
	23A. SIGNAT	ive on 8/5/	, 19.06,	and that de		BB. ADDRESS	om the causes and on th	e date stated above. 23c. DATE SIGNED
	124	tarry	Del	eee	M. D.	1226 Hanove	er St.	8/6/52.
TIC	DIN PEMOVAL (S	peody) (fug 9	1952	1 Me	LOU	V Sale 24	Belto.	ma (State)
	TE RECEIVED		R'S SIGNATU	RE (MATE	Chas Th	Fel 13016	Toutday
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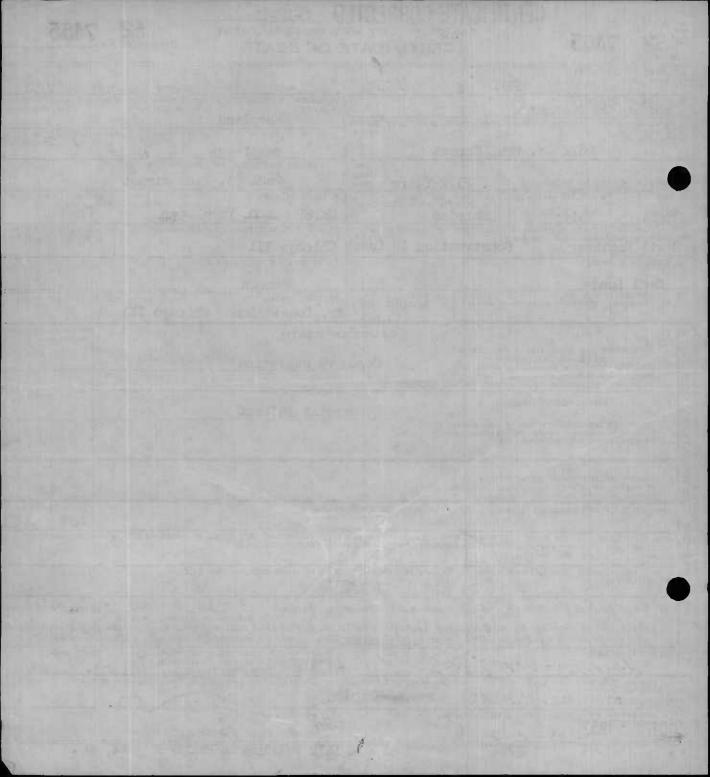


7/1	A-ned ex Case		
PI		TE OF DEATH Registered No.	2 7453
1.	NAME OF DECEASED Appe or Print)	andes 2. Date Oug,	7.1952
A.	PLACE OF DEATH: Baltimore City, Maryland BALTIMORE	4. USUAL RESIDENCE (Where deceased lived, V ins	itution: residence before admission)
Ho	FULL NAME OF (If not in hospital or institution, give street address spiral or institution) location location		rite RURAL and give township)
	JOHNS HOPKINS HOSPITAL YES		M
	Length of stay in Baltimore 36 SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (In years) Und	1 Year II Under 24 Hours
10	MALE COL MARRIED A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	3-7-03 4-7 31	CITIZEN OF
worl	done during most of working life, even if retired) ABORER. FATHER'S NAME	MARYLAND.	WHAT COUNTRY?
6	HARLES BANKS. Nd.	ANNIE WILSON MA	
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANS HOPKINS HOSPITAL ADD	RESS ST.
120	Toloro	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	vardial T. Savation	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	The state of the s	2-3 WKS
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	ioschrotic Heart Disease	Unkrown
CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
RTIFICA	OTHER SIGNIFICANT CONDITIONS CON-		
CEI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FIND	E DATION	20. AUTOPSY?
EDICAL	21a. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e.g.		YES NO
MEDI	LYING OR CONTRIBUTING about home, farm, factory, at reet, office bidge CAUSE OF DEATH	INJURY OCCUR?	exact location)
K	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR INJURY M. WHILE AT NOT WHILE AT WORK	LE [T]	
	22. I hereby certify that I attended the deceased from 2	1957, to 8/7, 1952, t	hat I last saw the
	deceased alive on 0 4 , 19 , and that death occ		date stated above. 3c. DATE SIGNED
24 TI	A. BURIAL. CREMA: 24B. DATE 24C. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, towner	county) 5 (State)
E	TO - 52 BREAD ME	1 25. FUNERAL DIRECTOR	M c.
	UG 8 - 1952 Huntington Williams 1860	Wm. A. Joskan	PENNA AVE
	VS 150	>099 9 5 0	

Elegation I lost the Selling HERRICH HOLDEN A.



Segistered No. 7455 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FRED LUND DEATH August 8, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland S. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write URAL and give C. CITY OR TOWN 2624 St. Paul Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. 2624 St. Paul Street 21/2 Years ength of stay in Baltimore Days 9. AGE (In years II Under 1 Year Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married March / 1900- 189 Male White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Construction Business work done during most of working life, even if retired)
Civil Engineer WHAT COUNTRY? Chicago Ill 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl Lund Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Donald Lund Chicago Ill INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ROSEXER! ANTECEDENT CAUSES Myocardial infarct ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 218. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS ebout homo, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes B, accident D, suicide D, homicide D, undetermined D. 23B. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 240. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Aug. 8th 1952 Shippment DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE UNERAL DIRECTOR



Registered 2 7456 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH THOUSE STEMES CONTROL 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM SCOTT August 7, 1952 J. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A STATE before admission) of not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos Life 817 E. Chase Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years It Under I Year I Under 24 Hours last birthday)

Months: Days Hours Min. WIDOWED, DIVORCED (Specify) (Unknown) Male White Single 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)

Nachinist INDUSTRY U.S.A COUNTRY (Unknown) Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William James Scott Mary E.Slaysman 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) 213-05-9952A Mr.William C.Scott-618 DeBaugh Ave. INTERVAL BETWEEN 211 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Partial Autopsy 22. I eertify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \(\mathbb{L} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \). 23A. SIGNATURE 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME of CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) 24B. DATE Baltimore Cemetery E. North Ave. Balto: Md. Buria] 8-9-I952 George J.Ruth, Inc.-1735 Harford Avenue DATE RECEIVED BY REGISTRAR'S SIGNATURE without

n that the most AND STREET, THE PERSON OF THE AND THE PROPERTY OF THE PARTY O white dear and Earle, and all of the condi-

19B. MAJOR FINDINGS OF 19A. DATE OF OPERATION 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT

22. I hereby certify that I attended the deceased from-

REGISTRAR'S SIGNATURE

7 - 36

deceased alive on 18 - 7 1952, and that death occurred at 1. 23A. SIGNATURE 23B. ADDRESS

16 m. from the causes and on the date stated above.

and M. D.

JOHNS HOPKINS HOSPITAL

25. FUNERAL DIRECTOR

23c. DATE SIGNED

24A. BURIAL, CBEMA-TION, REMOVAL (Specify) 24B. DATE 24c_NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

ADDRESS

(State)

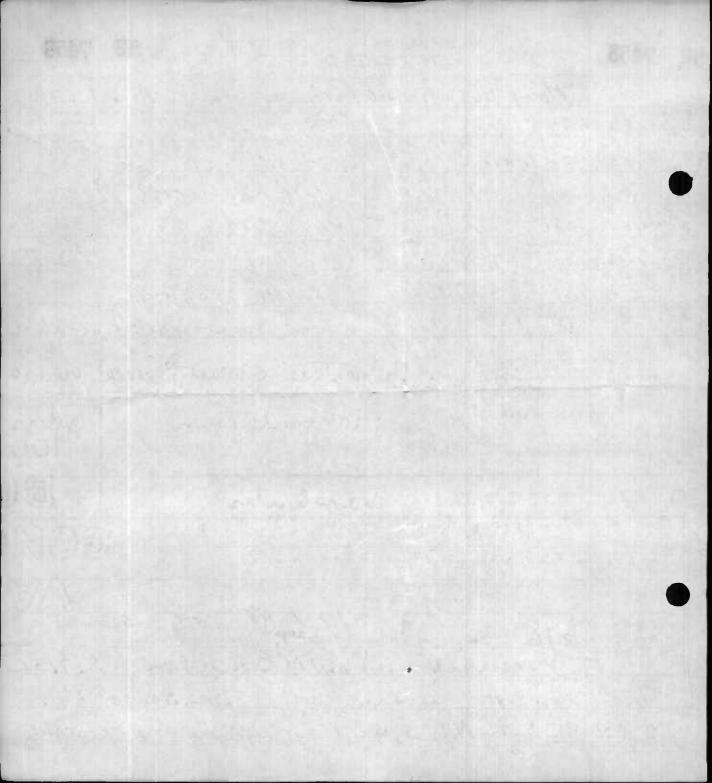
DATE RECEIVED BY LOCAL REGISTRAR 150

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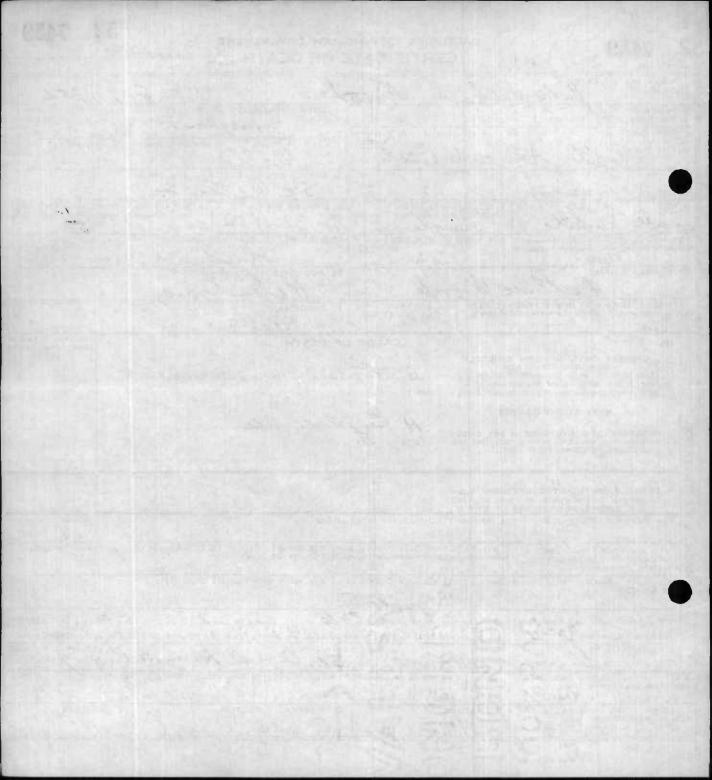
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40 was 12 toil CHERRICE Lune 1.31.00 8-16-52 Pressert Con FH in

5 KB	7458	IMORE CITY HEALTH DEPARTMENT	Register 52, 7458
	NAME OF DECEASED MARY Lou	VINNIE GAINOR	2. DATE OF A4945 + 6,1952
A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	here deceased lived. If institution: residence B. COUNTY before admission)
H	FULL NAME OF (If not)n hospital or institution OSPITAL OR ISTITUTION	1	outside corporate limits, write CURAL and give
¥	2110 MREDERICK	Yrs. D. STREET ADDRESS AIR	
	Length of stay in Baltimore 76	TYRS. Mos. Days 2110 MRE.	JERICK HUE
1	Time windwes	D, DIVORCED (Specify) H49.25, 1872	9. AGE (In years If Under 1 Year last hirthday) Months Days Hours Min.
10 wor	done during most of working life, even if retired)	DF BUSINESS OR 11. BIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	MG 4.0.11
10	Edwink GAII	VOR EMMA H	Edrick
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, og or uoknown) (If yes, give war or dates of service)	NONE 17. INFORMANT GAING	R 2110 HREDERICK AN
	18. 443× 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	In pertension de	int Brigage Gears
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	O
7	ANTECEDENT CAUSES	Byserteus	in bears
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	0
FICA	UNDERLYING CONDITION LAST.	(G)	
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hephritis	years
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MEDICA		E OF INJURY (e.g., io or 21c. WHERE DID (I n, factory, street, office bldg., etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
X	INJURY	E. INJURY OCCURRED 21F, HOW DID INJURY ORK AT WORK	occur?
	22. I hereby certify that I attended the de	eceased from 8 / 1948, to	8/6, 1952 that I last saw the
	deceased alive on \$ 6, 1952, an	ad that death occurred at 520 m., from the	te eauses and on the date stated above. 23c. DATE SIGNED
2.	4A_BUNAL, CREMA- 248 DATE 24	us M. D. 65/11 Devi	DCATION (City, town, or county) (State)
TA	The principle of the second of	C. NAME OF CEMETERY OR CREMATORY 240. LC	SCATION (City) County of County) (State)
_/	SURIAL Aug. 9,1952	Loudon PARK B	ALTIMORE, Md.
A A	ON, REMOVAL (Specify)	Loudon PARK B	PALTIMORE Md.



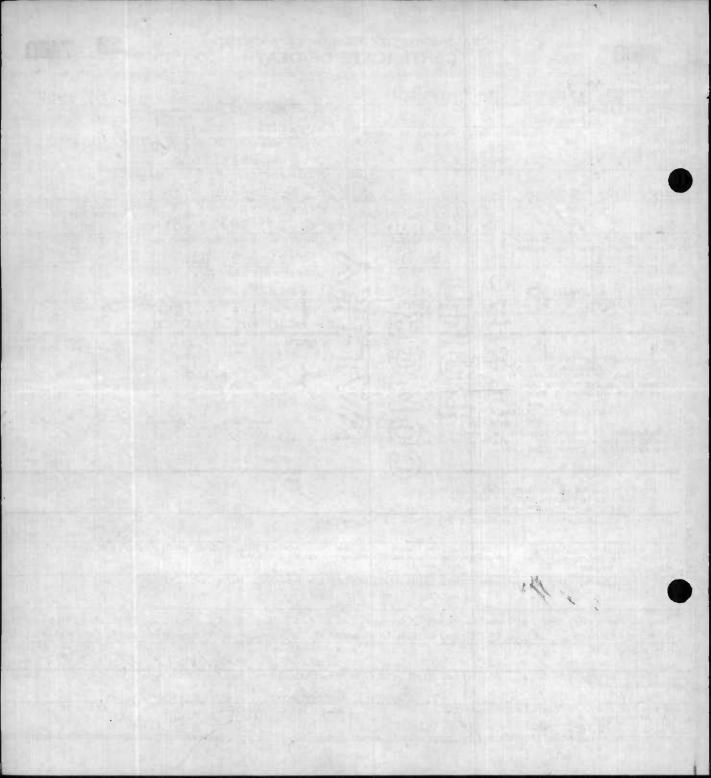
1	300	Wood	be be	100	52 7459
9	2 7459 BIRTH NO. 5 2 - 17516	BALTIMORE CITY HE CERTIFICATE	E OF DEATH	Registered	
	1. NAME OF DECEASED (Type or Print)	ichel Woo	Le	2. DATE OF DEATH &-	7-1952
1	3. PLACE OF DEATH: A. Baltimore City, Maryand		4. USUAL RESIDENCE (VA. STATE Quality		f institution: residence before admission)
	B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION) A THE STATE OF THE ST	or institution, give street address or location) els Hospital	c. CITY OR TOWN (III	outside corporate lim	its, write RURAL and give township)
	Length of stay in Baltimore	2 Mos. Days	54 Och	rural, give location)	5300
	male white	7. SINGLE-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-31-1952	9. AGE (In years last birthday)	if Under 1 Year Hunder 24 Hours Onths Days Hours Min.
w	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fo	land	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Wallace	Worde	14. MOTHER'S MAIDENIN	AME	V. 5. 17.
0	15. WAS DECEASED EVER IN U. S. ARMED I	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT MALLAC	Worde	ADDRESS ML
-	18. 763.0		OF DEATH	2 7 770 0000,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DEATH (This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,	Desembara - ax	spiration	ZJ.
	injury or complication which cau	used death.) DUE TO			
i i	ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF	A. Sex	sticema	***************************************	
140	RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST			***************************************	
i i	11				
1	TRIBUTING TO THE OEATH, BUT NO	OT RELATEO			
1	Z Z	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY7
7	21A. ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
	FINJURY (Month) (Day) (Year) (1	Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK		Y OCCUR?	
	22. I hereby certify that I atter	naca the accessed from	- 6 19.57 to		that I last saw the
	deceased alive on 8-7,	19 Zand that death occur	red and Am., from t	he causes and on	the date stated above. 23c. DATE SIGNED
-	24A. BURIAL, CREMA- 24B. DATE	24C NAME OF GEMETE	RY OR CREMATORY 24D, L	OCATION (City, tow)	n, or county) (State)
	Bural aug. 9,/	952. St. John's	Cemetery El	licott lity	, Ind.
	DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR AUG 9 - 1052	on Williams MD	25. FUNERAL DIRECTOR	ons, Elle	ert City nd
	VS 150	9520	7 4 5 6		1



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

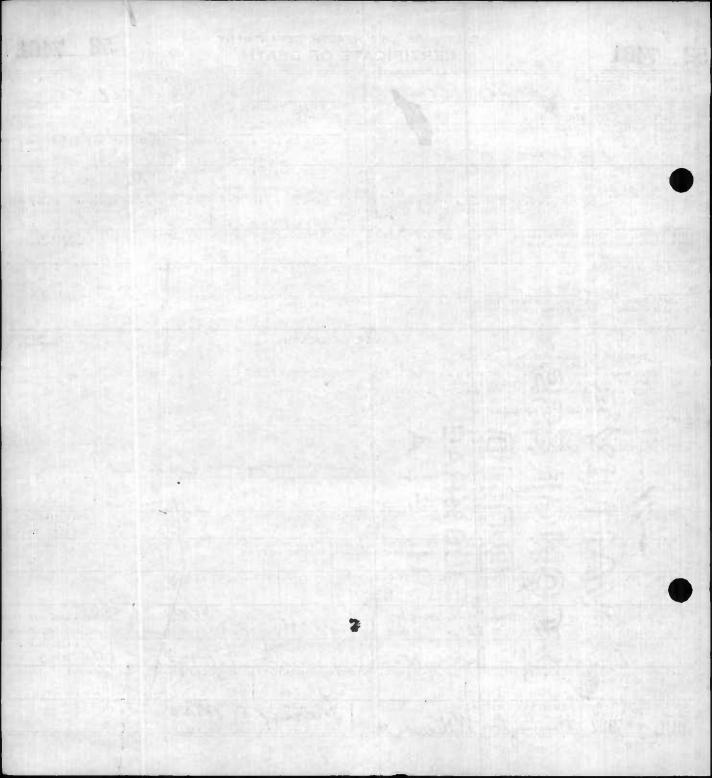
Registered \$2 7460

ALVERDA E. LIGHTNER DEATH Aug. 6, 1952			BIRTH NO.			
ALVERDA E. LIGHTNER DEATH AUG. 6, 1952		CEASED	1. NAME OF DECI			
II a HOUSE DECIDENCE (Where Invested the A 161 of the Control of t	IGHTNER	ALVERDA E. L	(Type or Frint)			
Maryland B. COUNTY before admission	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					
(If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside contract limits, write RURAL, and g	HOSPITAL OR location)					
township	Δ	N. Decker Avenu	INSTITUTION 161 N			
Yrs. D. STREET ADDRESS (If rural, give location)		N. Deoner Avenu	202 1			
Mos.		av in Raltimore	c. Length of stay			
LOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In yours) f Under 1 Year 16 Under 24 No.	E, MARRIED.	6. COLOR OR RACE 7. SINGL				
WIDOWED DIVORCED (Specify) Sept. 12, 1890 61 Months Days Hours M. Sept. 12, 1890			F			
FION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		UPATION (Give kind of 108, KIN	10A. USUAL OCCU			
glife, even if retired) WHAT COUNTE	INDUSTR	working life, even if retired)	rork done during most of wo Housework			
at home Baltimore, Md. USA	Home		13. FATHER'S NAM			
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	Lagrania	EVER IN U. S. ARMED FORCES?	Samuel C			
es, give war or dates of service) SECURITY NO.	SECURITY NO.	(If yes, give war or dates of service)	Yes, no or uaknown)			
none Mr. Adam E. Lightner	none		no			
tean the mode of dying, e.g., (A)						
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2 7461

В	RTH NO.							
1. (T	NAME OF D		NEY	LEWIS		2. DATE OF DEATH	8/1/52	,
Α.		City, Maryland		11	4. USUAL RESIDE	NCE (Where deceased B. COU		residence e admission)
H	FULL NAME OSPITAL OR STITUTION	Luth eran	/	ion, give street address or location)	c. CITY OR TOWN	eto.	ate limits, write RUR.	AL and give township)
(tay in Baltimore		55 Yrs. Mos. Days	D. STREET ADDRE	813 5500	Park Hts C	Zue.
	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. (ED. DIVORCED (Specify)	8. DATE OF BIRTH	73 78	Months Days H	
wnrl	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		tate or foreign country)		N OF COUNTRY?
13	FATHER'S	MAME	Dru	g Store	Lethwani	IDEN NAME	TU.S.A	
-	Mar	rice Lewis			Unkno	own		
(Ye	, WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war nr date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
_	No	No			F. Harold	Lewis.5500	Park Heis	ght ave
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAS not mean the mode ire, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. BIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION FOPERATION	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATH CAUSING I	(B)	shock wer nep	in naph	20. Al	
EDICAL	01: 100:00	/	1 01- 51-			(16 : 22)	YES X	No
MEDI	HOMICIDE	(Specify)	about home, f	CE OF INJURY (e. g., in arm, factory, street, nifice bldg., e	tc.) INJURY OCCUI	INJURY OCCUR?	e City, give exact loc	eation)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. WHILE AT NOT WHILE AT WORK AT WORK						INSURT OCCURT		
22. I hereby certify that, I attended the deceased from.					13 , 1950		_, 19_57that I las	st saw the
	deceased a	num d	. De	and that death occur	38. ADDRESS	from the causes an		ted above.
710	A. BURIAL. ON REMOVAL (S Burial	REMA- pecify) August	77.55	24c. NAME OF CEMETE 52 Baltimor		Belair Rd.		(State)
Di	TE RECEIVE	152 Huntin			David R. 1	A Martin. 190	2 Sutaw Pl	lace
	VS 150	6	0 13	000	** /1 F?	n Ba	ltimore, No	1.



" LAO CERTIFICATE CORRECTED 8-25-52						
BALTIMORE CITY HEALTH DEPARTMENT	2 7462					
BIRTH NO. Registered No.						
1. NAME OF DECEASED Baby Boy Reilly 2. DATE OF DEAL OF DEAL DEAL DEAL DEAL DEAL DEAL DEAL DEAL	8 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	tution: residence before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	innone-					
INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. O. CHO OR TOWN (If outside corporate limits, we location) D. STREET ADDRESS (If run), girl location)	rite RURAL and give township					
c. Length of stay in Baltimore Days D. STREET ADDRESS (If rural, gird location) C. Length of stay in Baltimore	in Rd					
5. SEX 6. COLOR OF RACE 7. SIA MARRIED 18. DATE OF RIPTH 19. ACE (IN VIEW 18.	er) Year If Under 21 Hours 13 Days Hours Min.					
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13. FATHER'S MAINE 14. MOTHER'S MAIDEN MANE PAIRO	10					
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. GOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT JOHNS HOPKINS H	RESS					
To mic e	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	***************************************					
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	***************************************					
UNDERLYING CONDITION LAST. (C)	• • • • • • • • • • • • • • • • • • • •					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
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21a. ACCIDENT WAS UNDER. 21a. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK						
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23A. SIGNATURE 23B. ADDRESS	DATE SIGNED					
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or	county (State)					
Divial 879/52 Calledial Balto Md						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR AUG 0 = 1957 Huntington Williams MS. 25. FUNERAL DIRECTOR A. M. Marx And Sc.	Calved 6					
VS 150						

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

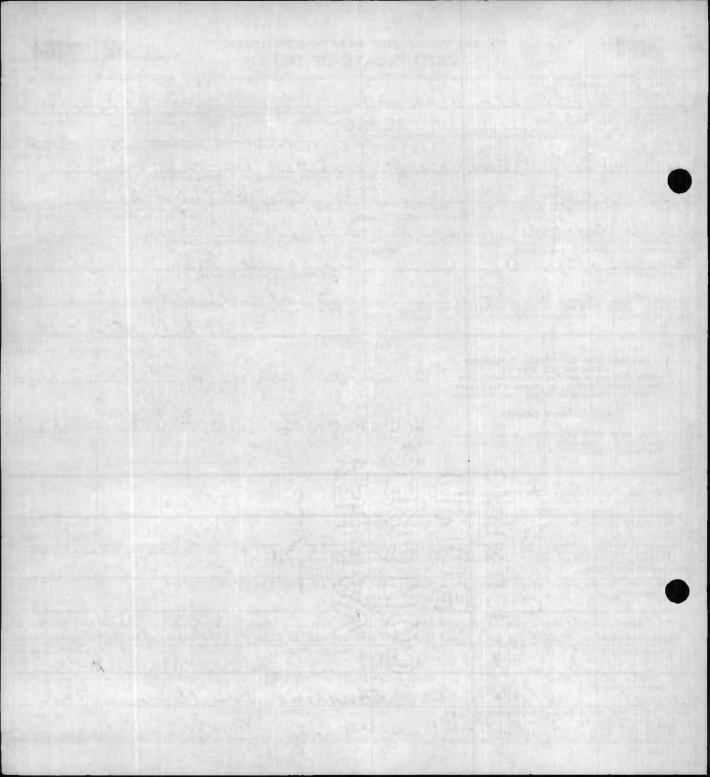
Registered No. 7463

BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH August 7,1952 Mr. Michael Kapinos 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A STATE a. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits write RURAL and give c. CITY OR TOWN St. Joseph's Hospital INSTITUTION township) Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos 404 S. Washington St. ength of stay in Baltimore Davs 9. AGE (In years 8. DATE OF BIRTH If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male Married 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DF WHAT COUNTRY? vork done during most of working life, even if retired) INDUSTRY Poland tcher 18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -MCNOWY 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive C. V. D. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cerebral Hemorrhage ERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE 19.52 to. 19 22 that I last saw the 22. I hereby certify that I attended the deceased from. 19_52, and that death occurred at 1:55 At., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A SIGNATURE 1400 N. Caroline St. 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE AUG 9 195 VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered 2 7464

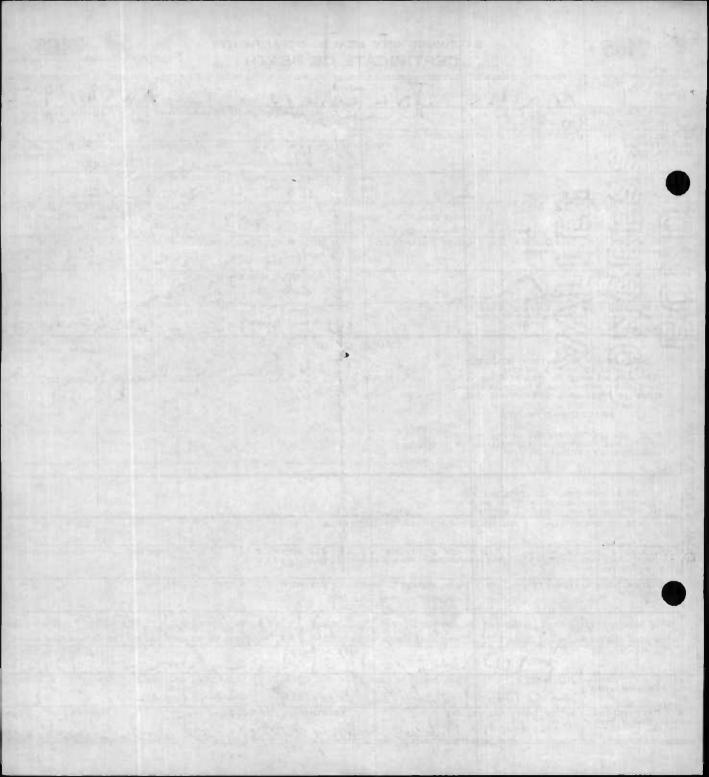
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 22I. INJURY OCCURRED 23I. HOW DID INJURY OCCUR? 22I. HOW DID INJURY OCCUR? 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) (State) 25C. FUNERAL DIRECTOR 25C. FUNERAL D	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
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LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) Vo. TIME (Month) (Day) (Year) (Hour) PINJURY Vo. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from August 1952, to 1952, to 1952, that I last saw the deceased alive on 1952, and that death occurred at 1952, m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (State) PLOCAL REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS 321 M LOCAL REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS 321 M	A CONTRACTOR OF THE CONTRACTOR	
22. I hereby certify that I attended the deceased from Augusta and on the date stated above. 23a. SIGNATURE 24a. BURIAL, CREMA- 24b. DATE 10A. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24c. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR ADDRESS 3216 ADDRESS 3216 25. FUNERAL DIRECTOR ADDRESS 3216 ADDRES	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	In or 21C. WHERE DID (If in Baltimore City, give exact location)
22. I hereby certify that I attended the deceased from Aug. 1952 to Aug. 3, 1952 that I last saw the deceased alive on Aug. 3, 1952 and that death occurred at 1962 m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24o. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24o. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS 321 M	CAUSE OF DEATH	
m. WHILE AT WORK 22. I hereby certify that I attended the deceased from 1952 to 1952 to 1953, that I last saw the deceased alive on 1952 and that death occurred at 1952, m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24o. LOCATION (City, town, or county) (State) BULL DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS 321 M	10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug 2, 1952 to Aug 3, 1952 that I last saw the deceased alive on 1143, 1952 and that death occurred at 8, 1954, m., from the causes and on the date stated above. 23a. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24a. BURIAL, CREMA- TION, REMOVAL (Specify) 24c. NAME of CEMETERY OF CREMATORY 24o. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS 321 M	WHILE AT NOT WHILE	
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23a. SIGNATURE 23a. SIGNATURE 23a. SIGNATURE 23c. DATE SIGNED 24c. NAME of CEMETERY OF CREMATORY 24o. LOCATION (City, town, or county) (State) 25c. DATE SIGNED 24c. NAME of CEMETERY OF CREMATORY 24o. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25c. FUNERAL DIRECTOR ADDRESS 321M		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE. 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) (State) 24D. DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS 32.10		. The wife of the one of the one of the care beated work.
DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS 32.10		23B, ADDRESS 23c. DATE SIGNED
DATE RECEIVED BY REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS 321/2	THE R Y CAMPUL	238, ADDRESS 113 ON CONTUST SOLO - 6-52
LOGAL REGISTRARY	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	1039 Marey St 18-6-52
LOGAL REGISTRACE IN THE PROPERTY OF THE PROPER	24A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETI	1039 Marey St 18-6-52
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE.	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
VS 150	24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAP REGISTRAP REGISTRAP LOCAL REGISTRAP	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)



BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 7465

В	IRTH NO.		I SHEET	CERTIFICAT	E OF DEAT	н	registered 2	10.	-1
(1	NAME OF D 'ype or Print)	Mol	lie	J041	NOLV		OF LA	96,19	25
	Baltimore (EATH: City, Maryland	ムん	when	4. USUAL RESID	ENCE (Where	deceased lived, If B. COUNTY	inditution : residence ad	
В.	FULL NAME OSPITAL OR ISTITUTION		al or institution	on, give street address or location)	c. CITY OR TOW	(If outsid	le corporate li ni	ts, Frite RURAL	70
7				Tree	D. STREET ADDR	ESS (If rural.	give location	va	
G	Length of s	tay in Baltimore	2	Mos. Days	305	- 40	The second	1. 20	
	J.	6, COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRT			Munder I Year Mund onths Days Hour	der 24 deers rs Min.
		CUPATION (Ge kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	BIRTHPLACE	(State or foreign	country)	12. CITIZEN CO	
13	FATHER'S	NAME -	m		14. MOTHER'S M.	AIDEN NAME	len .		
15 (Ye	S. WAS DECEASE s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	than	203	DDRESS	م
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDITION ISEASE OR CONDITION ISEASE OR CONDITION	F dying, e. g. ns the disease aused death.	(A) CO	of DEATH L		- Li	ONSET AND	
٦				FINDINGS OF OPER	RATION			20. AUTO	
MEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLA	CE OF INJURY (e. g., factory, street, office bldg.,	n or 21c. WHERE	DID (If in I	Baltimore City,	YES LJ give exact locati	NO L
2	D. TIME (INJURY	(Month) (Day) (Year)	W	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DIE	D INJURY OCC	CUR?		
	22. I hereb deceased at 23A. SIGNA			nd that dealboccu	rred as m	, to, from the car	10	that I last the date stated	labove
Zi Ti	4A. BURIAL.	CREMA- 248. DATE	202 2	arbutus	Memorial	BAR	ION (City, town	or county)	(State)
D	ATE RECEIVE	1952 REGISTRAR	s signatur	Villiaus Mi	25. FUNERAL DI	RECTOR RIVE	Cliams.	School	22/V
	VS 150	Name.	0 - 447	e in his	1 4 0	649			

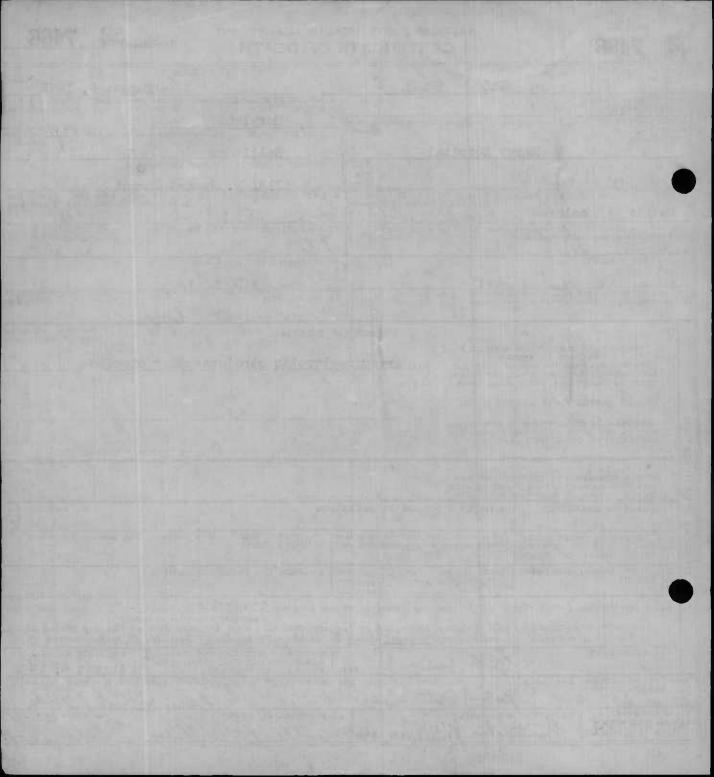


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

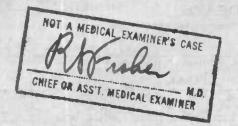
Registered No. 7466

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ELLA BROWN	2. DATE OF DEATH August 5. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF of not in hospital or institution, give street address or	
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RUHAL and give
Mercy Hospital	Baltimore township)
Yrs. Mos,	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min.
female colored manied	aug. 1888 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Florence S.C. M.S.K.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Waight	Elizabeth Dray
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Brookly 160
	ada wright meyers 55 Brooklyn ave.
18. 42.2.1 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	osclerotic cardiovascular disease
injury or complication which caused death.) Due to	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	PATION
198. MAJOR FINDINGS OF OPER	20. AUTOPSY?
214. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., t	otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY Th. WHILE AT NOT WHILE AT WORK AT WORK	
	above, held an inspection & inquiry thereon and from
	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes	Ingury, find that said deceased area on the day stated above, Σ Δ , accident \square , suicide \square , homicide \square , undetermined \square .
	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
	D. MEDICAL INVESTIGATOR August 6, 1952
TION, REMOVAL (Specify)	RY OR CREMATORY 24D, LOCATION (City, town, or county) (State)
Burie Jug 9, 1952 M. Cals	my locase stell, Ma
LOTE RECEIVED BY REGISTRAR'S SIGNATURE AUG 9 1992 Huntington Williams Market	25. UNERAL DIRECTOR ADDRESS 321
The state of the s	Mrs Rue K- Williams Schwider
V S 151	a so a . W

60 0 27 4 6 3



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate mits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAT Yrs. D. STREET ADDRESS (If rural, give location Length of stay in Baltimore 6. COLOR OR RACE 9. ACE (In years) 5. SEX 7. SINGUE, MARRIED 8. DATE OF BIRTH Il Under I Year | If Under 24 Hours last birthday) Months Days Hours Min. WIDDWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF work deneduring most of working life, even if retired) NI BIRTHPLACE (State or foreign country) AUSINESS OR 12. CITIZEN OF INDUSTRY WHAT SOUNTRY aunu 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 023X 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES T (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 1952 to 195 that I last saw the 22. I hereby certify that V attended the deceased fromand that death occurred at 505 km., from the causes and on the date stated above. deceased alive on 195 7 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL M. D. CEMETERY OR CREMATORY UNERAL DIRECTOR VS 150*



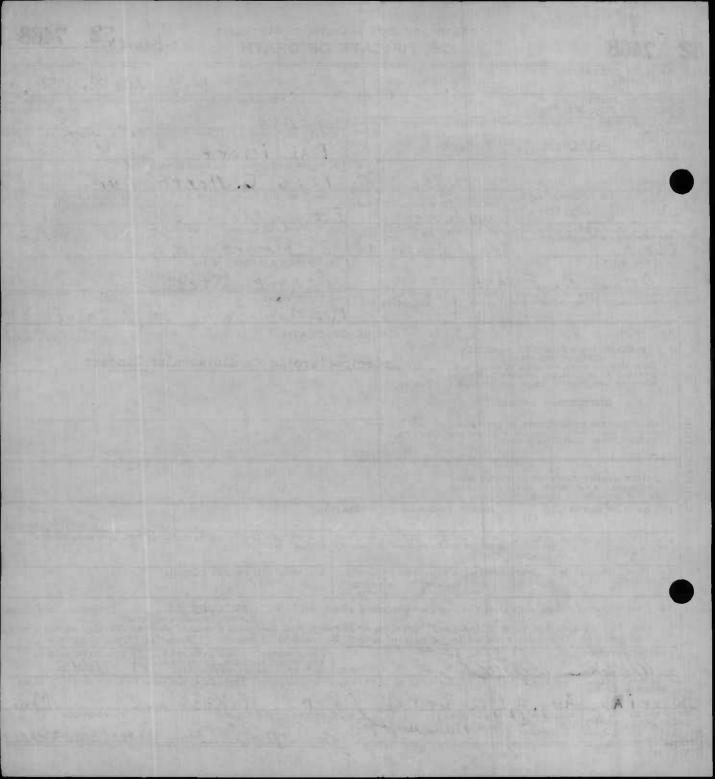
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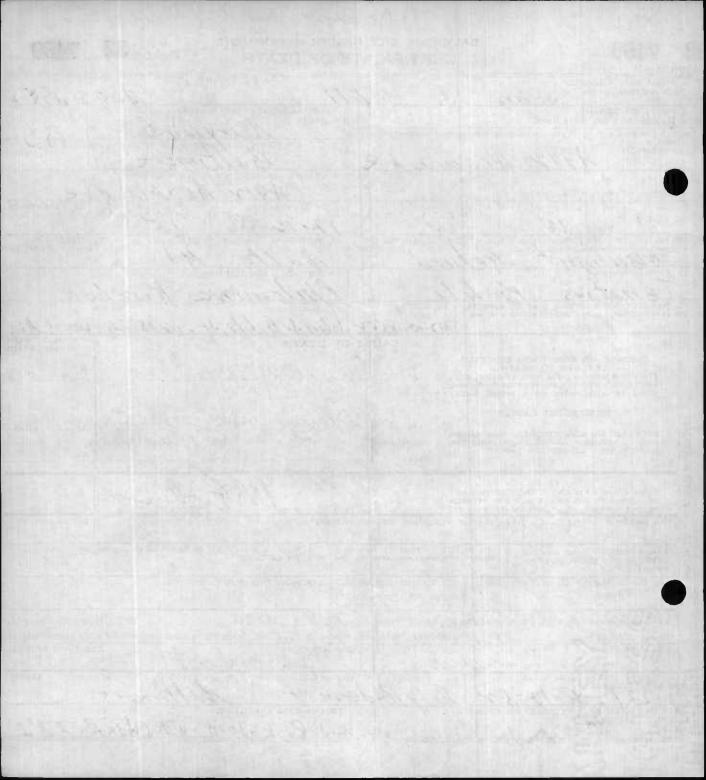
ct age 13 especially importants. I apsiciants, prease write and causes of death clearly and legions.

CERTIFICATE OF DEATH Registered No. 7468

FIRTH NO. UU	- OI DEATH		
1. NAME OF DECEASED (Type or Print)	2. DATE 05 1050		
THOMAS S. EVANS	OF July 28, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence		
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission		
B. FULL NAME OF ''i not in hospital or institution, give street address or HOSPITAL OR location)	Mary Land c. CITY OR TOWN (If outside corporate limits, write RAL and give		
Baltimore City Morgue	Dall: township		
Yrs.	o. STREET ADDRESS (If rural, give location)		
Mos.	1251 E N		
Length of stay in Baltimore L/JE Days 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years 11 Under 24 Hours		
Male White WIDOWED, DIVORCED (Specify)	last birthday) Months; Days Hours: Min.		
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHIPLACE (State or foreign country) 112. CITIZEN OF		
work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	BALTIMORE, Md		
A // (mg	14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	JENNIE SteeL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
	Mrs. Mary Evans 3017 N. Calvert St.		
18. 422, 1 CAUSE	OF DEATH INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This does not mean the mode of dying, e.g.,	osclerotic Cardiovascular Disease		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
Z DISEASES OF CONDITIONS (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CON-			
TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?		
4	YES X NO		
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (e.g., in or INJURY OCCUR?			
UTING CAUSE OF DEATH.			
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?		
m. WHILE AT NOT WHILE AT WORK AT WORK			
22. I certify that I took charge of the remains described al	bove, held an autopsy thereon and from		
	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above.		
and death in my opinion resulted from: natural causes	\square , accident \square , suicide \square , homicide \square , undetermined \square .		
23A. SJGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED		
	D. MEDICAL INVESTIGATOR 7/28/52		
24A. BURIAL. CREMA: 24B. DATA 12 NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
BuriaL Aug. 9.1952 Druid Ki	dge Pikesville. Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS		
AUG 9 Huntington Williams, My	John O mithill Am 1900 Extrus Place		
V S 151	200		
	59052		



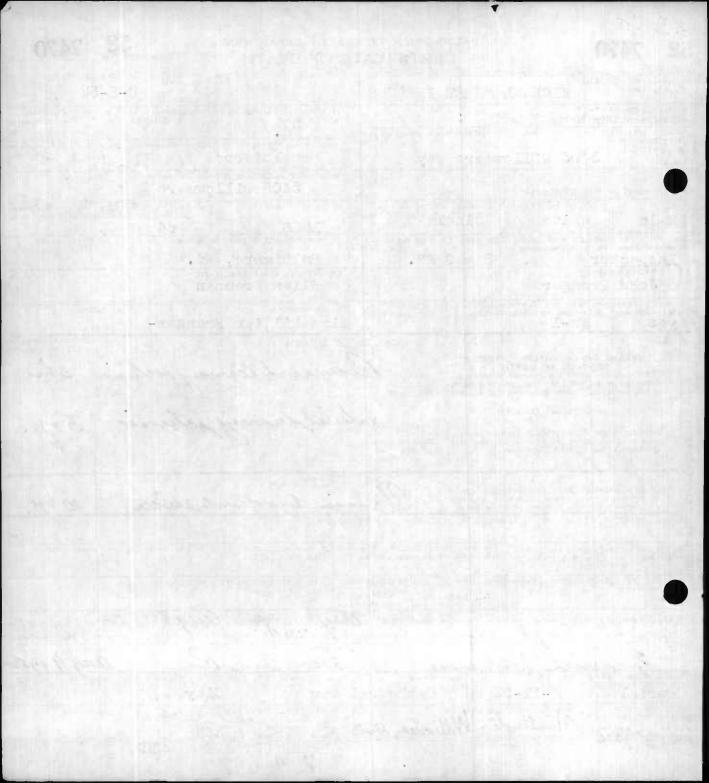
BALTIMORE CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) outside corporate lin INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even lifetired) 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 127105 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) [(If yes, give war or dates of service) SECURITY NO. 109-8452 INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. TERTIFICATION APPROVED OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CHIEF OR ADDIS MEDICAL EXAMINETS 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 15 1953 to , 19__, that I last saw the 22. I hereby certify that I attended the deceased from Pm., from the causes and on the date stated above. and that death occurred at 1 deccased alive on. 19_ 23A. SIGNATURE 23B. ADDRESS 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE 24c, NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150



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CERTIFICATE OF DEATH Registered No. 7470

ВІ	RTH NO.		CLI	CIII ICAIL	OI DEATH		
	NAME OF D ype or Print)		L EMMET P	RENGER		2. DATE OF DEATH	8-52
A.		City, Maryland			A. STATE	B. COUNTY	f institution; residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit 5405 Will		location)	c. CITY OR TOWN Baltime		to-write RURAL ap (give
0	ength of s	tay in Baltimore		Yrs. Mos. Days		(If rural, give location)	
	Male	6.COLOR OR RACE		VORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	it Under 1 Year onths Days Hours Min.
work	Inspect		108. KIND OF B	INDUSTRY	Baltimore		12. CITIZEN OF WHAT COUNTRY
		Prenger			Ellen Bre		
15 (Yes	. WAS DECEASI , no or unknown) YOS	EVER IN U. S. ARMEE (If you, give war or dated) WW-1	FORCES? 16. S	OCIAL ECURITY NO.	17. INFORMANT Miss Lillian		ADDRESS
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, II HE ABDVE CAUSE (A) VING CONDITION LA	f dying, e. g., ns the disease, aused death.) ES FANY, GIVING STATING THE	(A)	eurent Co	y selvis	5 zyr.
CERTIF	TRIBUTING	II IGNIFICANT CONDI IS TO THE DEATH, BUT ISEASE OR CONDITION	NDT RELATED CAUSING IT	Chron		nal selectr	10 2/1
SAL	19A. DATE C	F OPERATION 0	9B. MAJOR FIND	INGS OF OPERA	ATION		YES NO
MEDICAL	LYING OF		about home, farm, facto	FINJURY (e. g., in ory, street, office bldg., et	L.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
K	INJURY	(Month) (Day) (Year)	(Hour) 21E. IN WHILE AT WORK	NOT WHILE	D 21F, HOW DID IN	IJURY OCCUR7	
		y certify that I att			red at 2:30 Am., fr	o ling 8, 195	that I last saw the he date stated above,
	23A, SIGNA	derick On	belmen	M. D.	6100 Gars	k Ra	aug 9 1952
TIC	N REMOVAL (S Burial	(pecify) 8-11-		ame of CEMETER Sathedral		City //	n, or copyrity) (State)
DA Lo	TE RECEIVE	RAR Huntin	s SIGNATURE Ston Willia	uns Mos	WIEDEFELD	SON	ADDRESS
7-11	V9 150		1 7 55	33.50	GREENMOUNT	AVE & 22ND	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) 8/9/1952 Mrs. Mary Venables DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived, If institution: residence A. STATE Maryland YES A. Baltimore City, Maryland B. COUNTY before admission) Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bon Secours Hospital Fort Howard md. 30× Yrs. D. STREET ADDRESS (If rural, give location) Mos. Box#67 ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years If Under 24 Hours last birthday) Months Days Hours Min. 4/19/1904 Female White Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Conn. U.S.a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Keeley Jane Driscoll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Fort Howard Md. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL NO X YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK , 19.52 to aug 9, 19 57 that I last saw the 22. I hereby certify that I attended the deceased from Lag deceased alive on Less 9, 1957, and that death occurred at 5:46 km., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED ECOUN 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify DATE RECEIVED B

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4-325 CERTIFICATE CORRECTE	D 9/18/52 ES	
	EALTH DEPARTMENT 52 E OF DEATH Registered No	7472
BIRTH NO. 92-10114 CERTIFICAT	E OF DEATH	
1. NAME OF DECEASED (Type or Print) MiCHAEL Thomas Ho	7780N. 2. DATE. OF DEATH	ang: 52
A. Baltimore City, Maryland Baltimae, Nd.	4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION		te RURAL and give
TERCY HOSPITAL	Baltimere 26-	(township)
Ongth of stay in Baltimore Since birth Mos. Days	D. STREET ADDRESS (If rural, give location) 3259 E. Ballimore	84.
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years In Under last birthday) Montha	Year Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork dooe during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.5.74.
EDWIN FRANCIS HUTSON.	BLIZABETH D. ROSE	=4
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRI	Selter-
18. 057.0 CAUSE		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY MEN INGOCOCCI	61	DNSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TD	Meningeles	29 kg
ANTECEDENT CAUSES	01.00	
DISEASES OR CONDITIONS, IF ANY, GIVING	arcioc Failure	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?
		YES NO
218. PLACE OF INJURY (e.g., in Lying OR CONTRIBUTING about home, farm, factory, atreet, office bldg., cause of Death		xact location)
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from 8	dug. , 1952, to 9 the Cheg, 1957 the	it I last saw the
deceased alive on 9 Wes 1952, and that death occur	rred at 3'10m., from the causes and on the da	c. DATE SIGNED
M. K. Own	Therey Hospilal 9	a Our. 52
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETE	LA BALLS	unty) (State)
DATE RECEIVED BY REGIS RAR'S SIGNATURE	25. FUNERAL DIRECTOR ADD	DRESS
AND 1 0 1065 St of ton Williams, Mar.	Ulling & Home 21 We De	welch
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See Document File 52-7472 9/18/52 ES

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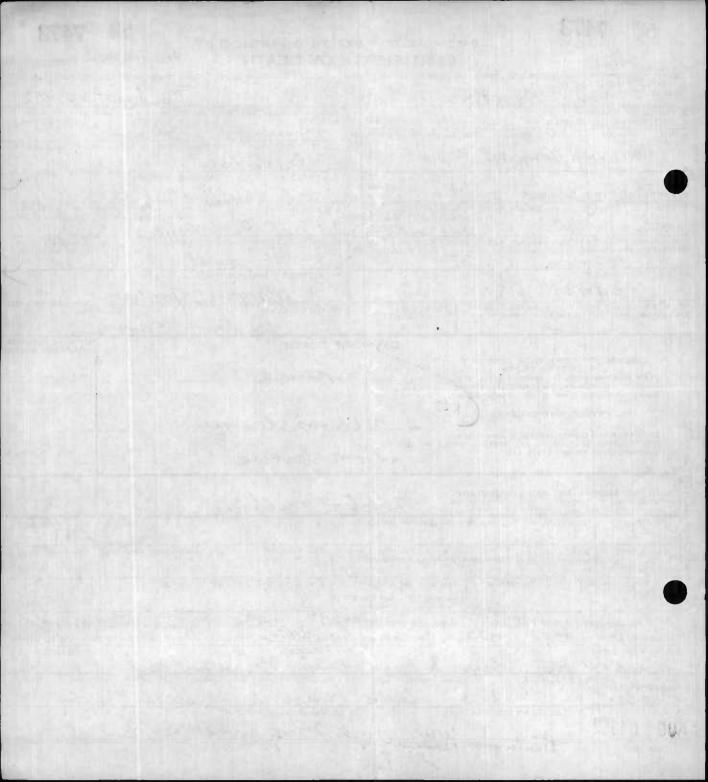
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7473

		-	
Registered	No	_	_

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	ooks		2. DATE OF	+0 1000
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WHA. STATE	B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION UNION Memory)	al or institution, give street address or location)			s, write RURAL and give township)
c. Length of stay in Baltimore	11 Yrs. Mos. Days	D. STREET ADDRESS (If re	Road Balk	5-18 Md
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	Oct 9, 1870	8/4/S	Under I Year nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 13. FATHER'S NAME	108. KIND OF BUSINESS OR INDUSTRY	Marylar	nd	12. CITIZEN OF WHAT COUNTRY?
Edward n		14. MOTHER'S MAIDEN NAI	+ Gardin	ex
15. WAS DECEASED EVER IN U. S. ARMER (Yes, no or unknown) (If yes, give war or dete	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Sam	DDRESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which of	DIRECTLY IH of dying, e. g., (A)	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUS O DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	(B) Mes	prosilence	ن	
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	to melletin		
		RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, g	rive exact location)
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I hereby certify that I att deceased alive on 23A. SIGNATURE	ended the deceased from 4c, 1952, and that death occur	Jed at 5:45 am., from the	e causes and on the	that I last saw the date stated above.
24A. BURIAL, CRESA. 24B DATE	M. D. 24C. NAME OF CEMETE	Union Memer	CATION (City, town,	t-8-52
Bur ial DATE RECEIVED BY REGISTRAT	52 Stuid s SIGNATURE	Ridge Pik 25. FUNERAL DIRECTOR	roville	MLd.
AUG 1-61952	to Williams ME	JUM Cook Juc. 12	19 St. Pou	est.
VS 150	test diff.			



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

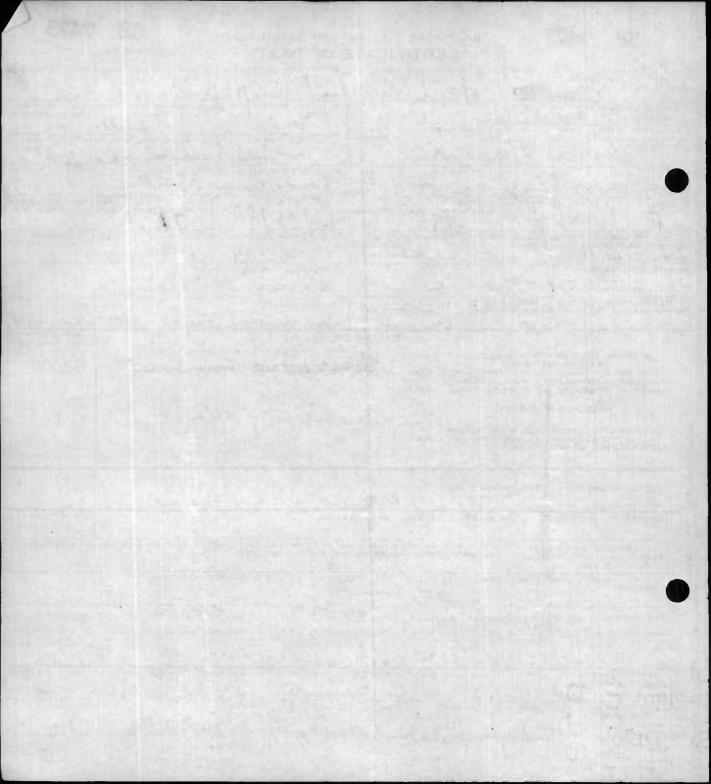
BIRTH NO.	E OF DEATH			
1. NAME OF DECEASED (Type or Print) FRANK JOSEPH RIPPLE	2. DATE OF DEATH August 7, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE Maryland B. COUNTY before admission)			
HOSPITAL OR US Public Health Service location) INSTITUTION Wyman Pk. Drive & 31st Street				
C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1335 S. Hanover Street			
5. SEX M 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/11/81 9. AGE (In years of funder I Year Months Days Hours Min.			
10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired) Retired US Gov't.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland USA			
Leonard J. Ripple	Nellia Ne Kew ELIZ. KRIES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None	Records - US PHS Hospital, Balto, Md.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	of DEATH r pneumonia, left lower inoma, right lung 2 yrs.			
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	YES X NO			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., cause of Death	n or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?			
ID. TIME (Month) (Day) (Year) (Hour) Z1E. INJURY OCCURRED NOT WHILE MORK MORK NOT WHILE AT WORK				
22. I hereby certify that I attended the deceased from Aug. 6, 1952 to Aug. 7, 1952 that I last saw the deceased alive on Aug. 7, 1952 that I last saw the deceased alive on Aug. 7, 1952 that I last saw the deceased alive on Aug. 7, 1952 that I last saw the deceased alive on Aug. 7, 1952 that I last saw the deceased alive on Aug. 7, 1952 that I last saw the deceased alive on Aug. 1952 to Aug. 7, 1952 that I last saw the deceased alive on Aug. 1952 to Aug. 7, 1952 that I last saw the deceased alive on Aug. 1952 to Aug. 1952 to Aug. 1952 to Aug. 1952 to Aug. 1952 that I last saw the deceased alive on Aug. 1952 to Aug. 1952 to Aug. 1952 that I last saw the deceased alive on Aug. 1952 that I last s				
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE TION. REMOVAL TOPOCITY SILVED BY REGISTRAR'S SIGNATURE				
VS 150				

F-52 7475

BALTIMORE CITY HEALTH DEPARTMENT

X 52 7475
Registered No.

BIRTH NO.			
1. NAME OF DECEASED HEAVING L. FISCHER OF DEATH	8/8/52		
a. Baltimore City, Maryland Sinai Nosptill 4. USUAL RESIDENCE (Where deceased A. STAGE B. COL	d lived. If/institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corpo	rate limits, write RURAL and give		
INSTITUTION Juna Hospital Battinus	I hiddle Perle		
Yrs. D. STREET ADDRESS, (If rural, give loc	cation)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (IN	years If Under 1 Year If Under 24 Hours		
WIDOWED DIVORCED (Specify) 12/15/80 last hint	hday) Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
Christian Id. Kunde Louise of Ho	-0.0an/		
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	ADDRESS		
no no une Mr. Redolph Freebe	- 8805 Harland nd.		
18. /70X CAUSE OF DEATH	ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4 8/1/2		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	99/		
injury or complication which caused death.) DUE TO	1.1		
ANTECEDENT CAUSES COLORINA, of Branch	0/8/54		
DISEASES OR CONDITIONS, IF ANY, GIVING	4/3/		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	augri mid man		
(C)	•••••••••••••••••••••••••••••••••••••••		
F CTUES CICHESCANT CONDITIONS CON			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	YES NO		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?	ere City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 8/7/52 19, to 8/8/52	, 19, that I last saw the		
deceased alive on \$/8/52, 19 and that death occurred at 722 Am., from the causes a	and on the date stated above.		
23A. SIGNATURE 23B. ADDRESS Lines Hosp.	23c. DATE SIGNED		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (C	City, town, or county) (State)		
brief deg. 11, 1952 Zin Lutheran Em. Stering	e Tem, lud.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	ADDRESS		
THE LOUISE HE AT TO WHO ME TO A SOME Townell	Home, 1401 Delan		
400 Vs V503	Rel.		



11	25-6	,00			,	52 74	170
	FQ	7476	BALTIMORE CITY HI	EALTH DEPARTMENT	X		1/0
В	IRTH NO.	7470	CERTIFICAT	E OF DEATH	Registered	d No.	
	NAME OF C Type or Print)		iel Dore Sr.		2. DATE OF 8/8	/1952	
	PLACE OF D	EATH:		4. USUAL RESIDENCE (W	DEATH		sidence
		ordy, many justice	YES	A. STATE	B. COUNTY		admission
H	FULL NAME OSPITAL OR		al or institution, give street address or location)		outside corporate lin	A DIDA	
11	ISTITUTION	Bon Secou	rs Hospital	Baltimore	outside corporate III	mis, write KUKA	township
			Yrs. Mos.	D. STREET ADDRESS (If)	ural, give location)	2000	
c		stay in Baltimore	Days	350 Stratford Ro	pad-28	5	
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	H Under Year H Months Days Ho	Under 24 Hours
MS	le	White	Married	7/16/1902	50	months Days Ho	urs Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN	
	Time-	Keeper	PISTON RINGS	Baltimore		WHATC	OUNTRY
13	FATHER'S	NAME	CAL	14. MOTHER'S MAIDEN NA	ME		
		Dennis Do	re		skell		
15	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL				1
(Ye	e, oo or unknowo)	(If yes, give war or dates	of service) SECURITY NO.	GRACE POIR-	21. 5300	ADDRESS	/
-		,	1705-05-0991		MOVIALI		
	18. 52	6 ×	CAUSE	OF DEATH		INTERVAL ONSET AN	
	DISEAS	SE OR CONDITION	DIRECTLY	1 . 7 1 0	1		,
	(This does	not mean the mode o	f dying, e.g., (A) M.C.O	Instinut Com	PLYSCM	4 24	hay.
	injury or	re, asthenia, etc. It mean complication which c	aused death.) DUE TO				
	D. T. T. O'E.	ANTECEDENT CAUS	FC	2	0		,
z	15 LEVEN		(B) SPONTA	NEOUS PNEW	mother	nv 24	hu.
0	DISEASES	S OR CONDITIONS, IF	ANT, GIVING				
RTIFICATION	UNDERL	YING CONDITION LA	STATING THE DUE TO REST.	exiceTASis			
2			(C)		***************************************	204	7
F		The state of the s					
ER	OTHER S	IGNIFICANT CONDITION TO THE DEATH, BUT I	TIONS CON-			100	
Ü	TO THE D	SEASE OR CONDITION	CAUSING IT.				
L	19A. DATE C	OF OPERATION 15	B. MAJOR FINDINGS OF OPER	ATION		20. AUT	OPSY?
CA						YES X	NO L
EDICA	LYING OF	ENT WAS UNDER. R CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City	, give exact loca	tion)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?		
	INJURY		WHILE AT NOT WHILE				
			m. WORK L AT WORK L				
			ended the deceased from Aug		8, 19.	5 that I last	saw th
	deceased at	live on Cheng &	, 19 52 and that death occur	red at 1:204m., from th	e causes and on	the date state	d above
	23A. SIGNA	TURE	2000	3B. ADDRESS	0.115	23c. DATE	
	del	in Plesson		BEN SECOURS HO.	SPITAL	ang 8, 1	1952
TIC	A. BURIAL (S	necify)	SV New Cathedra		CATION (City, tow	2 1/30	(State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 1.25 FUNERAL DIRECTOR						
U	LOCAL REGISTRAR						
E 0	AUG 1 0 1952 At to the Min Memas J'Kenny Ing 1060 Mollins Si						
-	VS 150						
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			0	1032			

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BIRTH NO.		
1 MAME OF	DECEASE	·D

CERTIFICATE OF DEATH

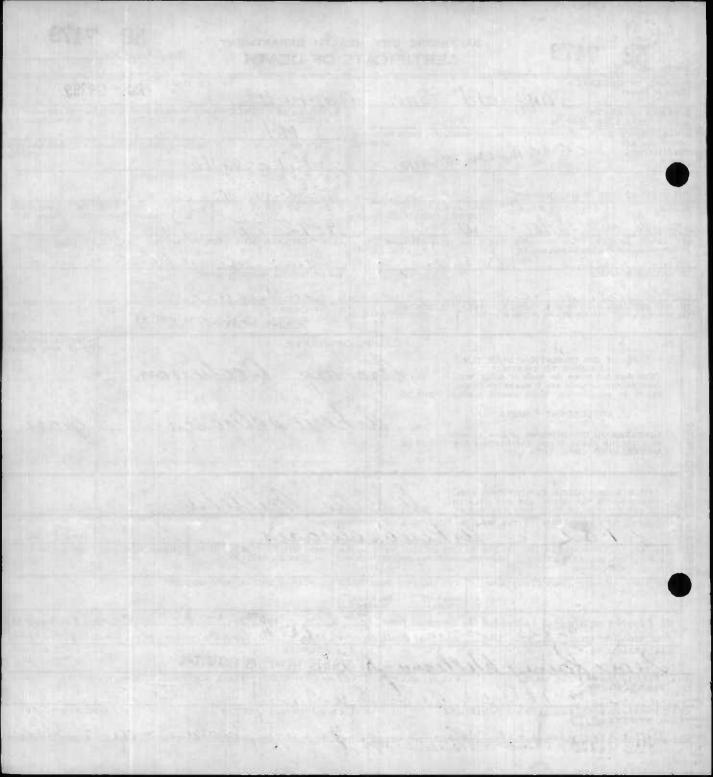
52 7477

BIRTH NO.	CERTIFICATI	E OF DEATH	
1. NAME OF DECEASED (Type or Print)	FRANK GRESKA	2. DATE OF DEATH Augu	st 7, 1952.
3. PLACE OF DEATH: A. Baltimore City, Maryland 9 B. FULL NAME OF (If not in hospit	12 S. Conkling St.	4. USUAL RESIDENCE (Where deceased lived, If a. STATE B. COUNTY	institution: residence before admission)
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If outside corporate limit	s, write RURAL and give township)
c. Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 912 S. Conkling St	. 26-09
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single		Under 1 Year nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Watchman	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Casper Gr	[M]	14. MOTHER'S MAIDEN NAME Margaret Ginkel	
15. WAS DECEASED EVER IN U. S. ARMEI Yes, no or unknown) (If yes, give wer or date	D FORCES? 16. SOCIAL SECURITY NO. 216-03-5324	17. INFORMANT AI	DDRESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, IT RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	of dying, e. g., (A)	issus of lung	ONSET AND DEATH
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
19a. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e		rive exact location)
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE MORK AT FORK		
22. I hereby certify that I att descased alive on 23A. SIGNATURE	, 19,12, and that death occur	2.70 D 1/	that I last saw the te date stated above.
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial August /	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town,	V
DATE RECEIVED BY REGISTRAR' LOCAL REGISTRAR'	S SIGNATURE	le harles Seile 901 S. O	onkling St.
VS 150	57-63-4	1R07100	

STOL A LOUGH of antibles of the same and the stand of the Pecatalog S. 1895 - Fr O- comilys Jani. Co. Bultures. M. Manufactured by the state of th .bi. . offer . w rintes offer transfers Tomories will still sample SOLE, Octobring St.

3- Thursday 1815- - 111/19/ of aprile for thing

52 7479 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE AUG - 8 1952 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR JOHNS HOPKINS HOSPITAL location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION PSVI Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore . Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years) If Under 1 Year Il Undar 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. 1/1/ . 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ANDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? winer 18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Corpusion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 20.1 and 260 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) П OTHER SIGNIFICANT CONDITIONS CONnelletus TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION / 1 EDICA elloses 21A, ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE! WORK AT WORK 195 2 to 195 that I last saw the 22. I hereby certify that I attended the deceased from. An., from the causes and on the date stated above. deceased alive on 5-, 1952 and that death occurred at 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF EMETERY OR CREMATORY 24D. LOCATION (City, townsor county) 248. DATE Bureal DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

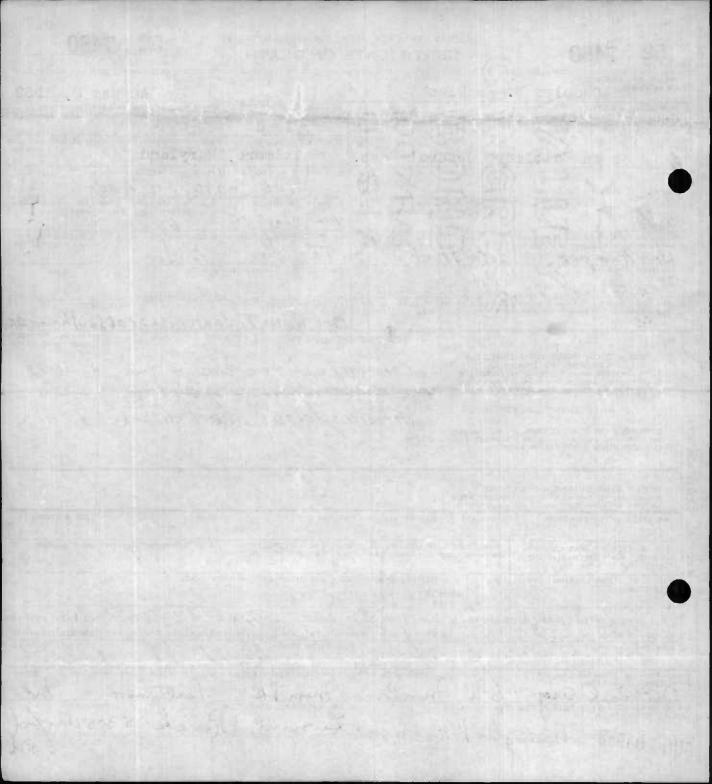


J-525 52 7480

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N7480

DIKITI NO.				
1. NAME OF DECEASED (Type or Print) Charles B. Jenkins	2. DATE OF DEATH August 8, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland South Balto Gen Hos				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				
South Baltimore General Hosp.	Baltimore, Maryland township)			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days	2306 Southern Avel-00			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DWORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months: Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
work deneduring most of working life, even if retired) Booker per 13eth Steel INDUSTRY	Trenton N.I. WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Benjamin Venkins				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
	Mrs Kate T. Jewsins-230650 othe-nak			
DISEASE OR CONDITION DIRECTLY	OF DEATH			
	ry artery occlusion with hours			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO 1740	1 1.1 , , , , , , , , ,			
ANTECEDENT CAUSES	. / . / / / /			
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B) HY/eriosclerosis heart disease years.				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPER				
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	n or 21C, WHERE DID (If in Baltimore City, give exact location)			
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e				
PID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRING				
m. WHILE AT NOT WHILE WORK AT WORK				
22. I hereby certify that I attended the deceased from 8 - 8 - , 1952 to 8 - 8 , 1954 that I last saw the				
deceased alive on 8 - 8 -, 1952 and that death occurred at 5.31 m., from the causes and on the date stated above.				
agustin del Campo M.D.	1213 hight N. 8-8-52			
24A. BURIAN CREMA- 24B. DATE 24C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
Burial Cusag- 11/5-2 moreland	25. FUNERAL DIRECTOR ADDRESS			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	4 0 10 1 1			
1011 0.1952 Hantington Williams, Mg?	Leonard of Jouck 3 305 Harford			
Mudia Silva	1 beat			

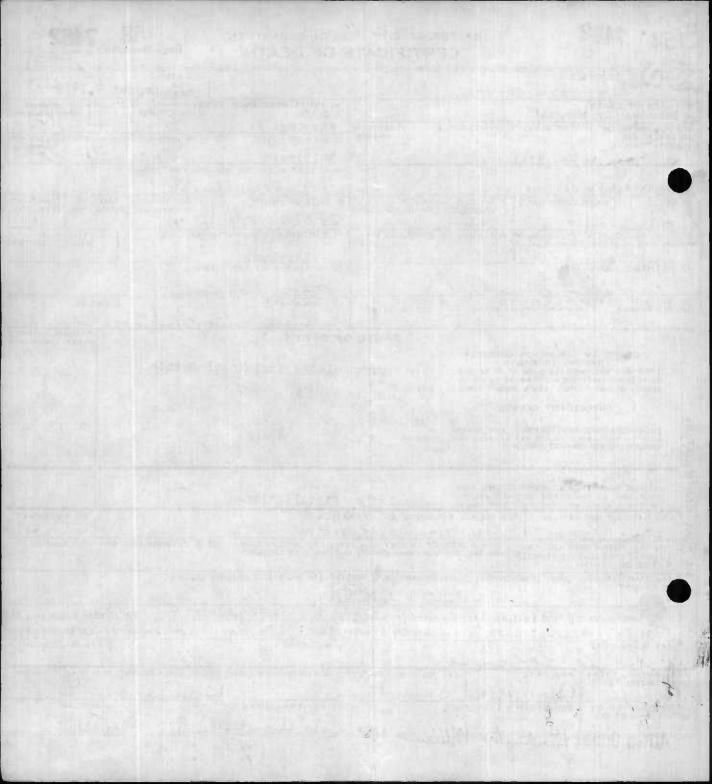


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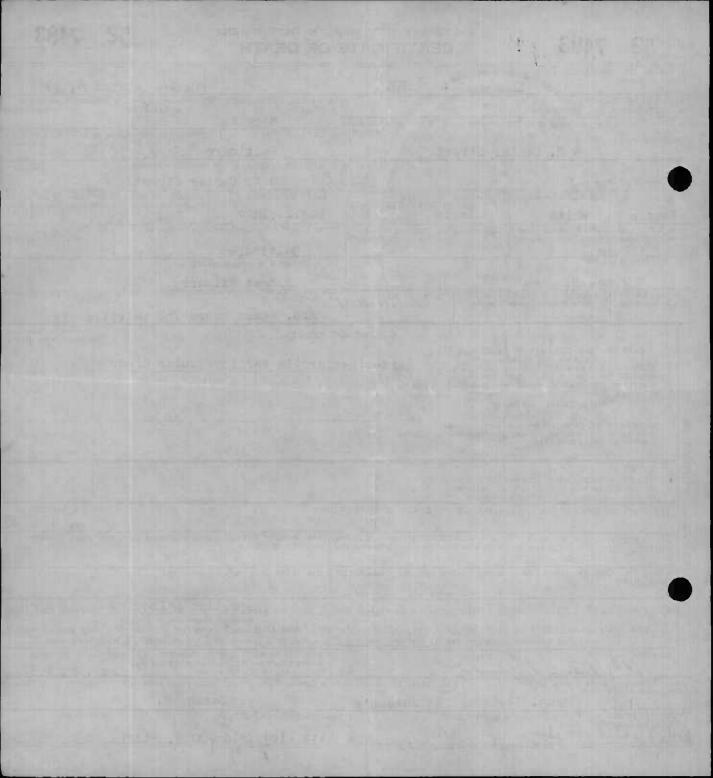
BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 7482

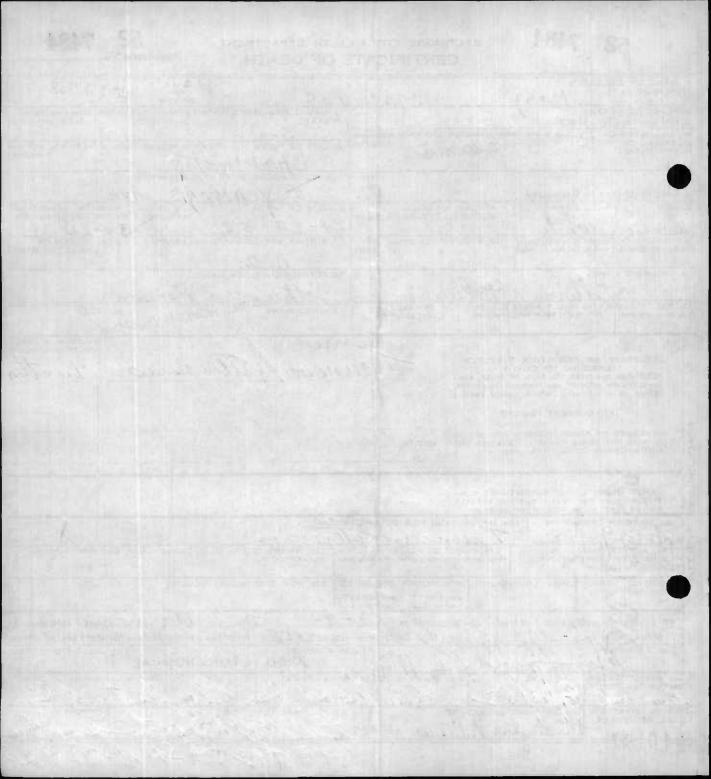
BI	RTH NO.			CERTIFICAT	E OF DEATH	registered 1		
1.	NAME OF D	ECEASED ELIZABETH W	OT UST M			2. DATE OF DEATHAUGUS	t 9.1958	
	PLACE OF D	EATH:	ATTE STIME		4. USUAL RESIDENCE (W	here deceased lived. If	institution : r	esidence
	Baltimore (City, Maryland	al or inetituti	on, give street address o	A. STATE	B. COUNTY	before	e admission)
HC	SPITAL OR STITUTION	OF (II not in nospit	al or instituti	location		outside corporate limit	ts, write RUR	AL and give township)
	St. Jose	ph's Hospital			Baltimore	10-	01	
	ength of s	tay in Baltimore	Life	Yrs. Mos. Days	1	-0		
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	lt Under 1 Year	Under 24 Hours
Ti	emale	White	Widov	ED, DIVORCED (Specify	28 Oct. 1881	last birthday) Me	onths Days	iours min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZE	
work	done during most of	of working life, even if retired)		INDUSTR			WHAT	COUNTRY?
13	FATHER'S	NAME	l		Maryland 14. MOTHER'S MAIDEN NA	AME		
	2. 1	2 2 200	1/	1	200 20			
15	WAS DECEASE	ED EVER IN U. S. ARMEI	PORCES?	16. SOCIAL	Mary 1000	ion		
(Ye	, no or unknown)	(If yes, give war or date		SECURITY NO.	17. INFORMANT	1.0 m	DDRESS	
	-4 -				Vittle Lister	10 the Poor		
	18. 56/	3		CAUSE	OF DEATH		ONSET	AND OEATH
	DISEAS	LEADING TO DEA						
		not mean the mode of	of dying, e. g	., (A)Stra	ngulated Incisiona	l Hernia		
		re, asthenia, etc. It mea		e,				
		ANTECEDENT CAUS	SES					
O	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	(B)	••••••			
Ě		HE ABOVE CAUSE (A)		IE OUE TO			- D. LO	
ERTIFICATION				(C)	•••••••••••••••••••••••••••••••••••••••	******	•••••••	
L		- 11						
7		II IGNIFICANT CONDI						
CE		TO THE DEATH, BUT			r Fibrillation			
				FINDINGS OF OPE			20. AI	JTOPSY?
MEDICAL	An care t	1 1952	Hernia	Strangulated,	Ventral		YES] NO [
Ū		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	in or 21c. WHERE DID (1	If in Baltimore City,	give exact lo	cation)
E	LYING[] OF	R CONTRIBUTING []	about home, l	arm, fectory, street, office bldg	.,etc.) INJURY OCCUR?			
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJURY	Y OCCUR?		
r	F INJURY	(, (,, (WHILE AT NOT WHIL				
	4		m.	WORK AT WORK		4.0	- 0	
	22. I hereb	y certify that I at	tended the	deceased from Aug	ust 4 1952, to Aug	gust 9 , 19	25, that I la	st saw the
	deceased a	live on August 9	_ 19_52	and that death occu	arred at 4:40 8m., from t	he causes and on t	he date sta	ted above.
	23A. SIGNA	TURE			23B. ADDRESS		23c. DAT	E SIGNED
	a	· a. ae	en	M. O.				
24	A. BURIAL	CREMA- 248. DATE		24C. NAME OF CEMET	ERY OR CREMATORY 240. L	OCATION (City, town	, or county)	(State)
111	Bural (S	. 1 11	19.51	I doly Cr	~ .	308 10000		
	ATE RECEIVE	D BY REGISTRAR	SSIGNATU		25. FUNERAL DIRECTOR		ADDRESS	
L	DCAL REGIST	RAR	1.		(B')-117: 2.0	1) 9007 B	000	38-
=	AHC 1	11957 11 1	ton 1	A RILLAND	Topia unicupi	Ca 100.00	ulale.	
	MM G54	1 1002 Hunter	7		2 0 7 0	7 0		



000						
FO M400		OF DEATH		Registere	2	7483
1. NAME OF DECEASED (Type or Print) ELLA E.	SHEA			2. DATE OF DEATH AU	gust 8	, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF the first interpretation of the second sec	ro stweet a ddwess ow	4. USUAL RESIDE	NCE (Who		. If institut	
HOSPITAL OR INSTITUTION 9 E. Center Street	location)	C. CITY OR TOWN		tside corporate li	mits, write	RURAL and g
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRE	SS (If ru	ral, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE. MAR		8. DATE OF BIRTH	5	AGE (In years last birthday)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	USINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or fore			TIZEN OF HAT COUNTE
13. FATHER'S NAME		14. MOTHER'S MAI	IDEN NAM			
	SOCIAL	Bridget	Kilmu	rry	ADDRES	S
(Yes, no or unknown) *(If yes, give war or dates of service)	SECURITY NO.	Mrs. Agne	s Moor	e 756 Mel		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(B)					
TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FIND	INGS OF OPERA	TION				O. AUTOPSY1
UNDERLYING OR CONTRIB. about home, farm, fact	FINJURY (e.g., in ory,street, office bldg., et	or 21c. WHERE DI	D (If i	n Baltimore City		es No
Z1D. TIME (Month) (Day) (Year) (Hour) 21E. IN OF INJURY NI. WORK	NOT WHILE	D 21F. HOW DID	INJURY C	CCUR?		
the evidence obtained by said Autopsy, and death in my opinion resulted from: 23A. SIGNATURE	ins described ab	Aquiry, find that . N, accident □, 8 23B. CHIEF MEI	utopsy, Ins said dece suicide [pection or Inquirased died on homicide	ry the day , undeter	stated abo
24A. BURIAL, CREMA- 24B. DATE (4C.)N. TION, REMOVAL (Specify)	M.E AME OF CEMETER	ASSISTANT MED. MEDICAL INVE	STIGATOR			8. 1952 (State
Murial Aug. 12,1952 St	Joseph's			as Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Call A. Line	25. FUNERAL DIRE Rita Wiedef		O.E. Bidd	ADDR	ESS
V S 151	WY , 17 C	1107	90	U		1



345	
CERTIFICAT	E OF DEATH 52 7484 Registered No.
1. NAME OF DECEASED	2. DATE OF AUG 1 0 1952
(Type or Print) 3. PLACE OF DEATH: (Type or Print) Stall	
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
HOSPITAL OF HOPKINS HOSPITAL location	c, CITY OR TOWN (If outside corporate limits, write RURAL and give township)
C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5 VERMANS AVE
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BATH 9. AGE (In years il Under I Year Months Days Hours Min. 4-24-5-2
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forcign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Catheries Par Sons
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH INTERVAL BETWEEN ONSET AND DEATH UNCUS ATTENIOSUS Shorths
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ATION 2 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	-7-, 1952 to 8-10-, 195 3 hat I last saw the
	rred at 425 Am., from the causes and on the date stated above. 238. ADDRESS JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
1,0,1952 Wintington Welliseus, My.	ilas of the war fundy man
	700 G - 40-101 1011-18 Mf



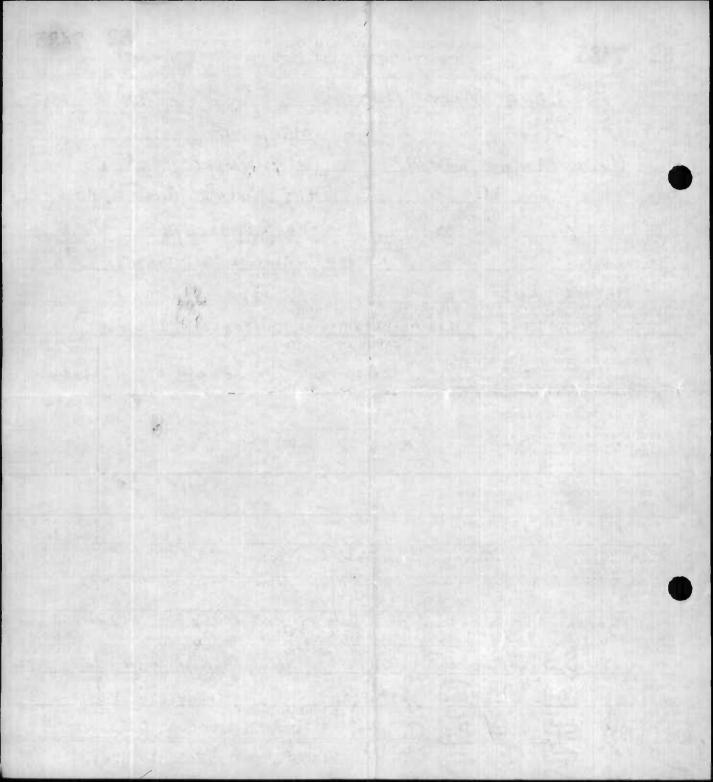
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BALTIMORE CITY HEALTH DEPARTMENT

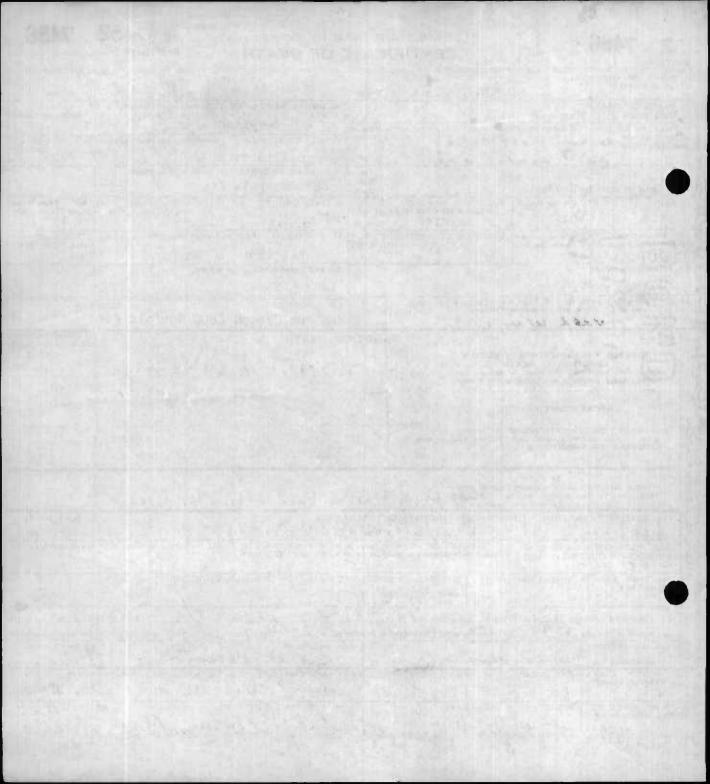
52 7485

Registered No.

BIRTH NO		OLIVI	11 10/11			
1. NAME (Type or P	OF DECEASED		11.		2. DATE OF	0
	CDNI	9 MARY	MUGH		DEATH HUG E (Where deceased lived, If ins	9 1952
	ore City, Maryland		TALL	A. STATE	B. COUNTY	before admission)
B. FULL N		al or institution, give s	treet address or location)	c. CITY OR TOWN	(If outside corporate limits, w	Interest and aire
INSTITUT		111.00	1	00.		township)
	Umon IVUm	ever Haring	Yrs.		(If rural, give location)	2.0
c Length	of stay in Baltimore	Life	Mos. Days	7111211	IDSOR MILL RE	An
5. SEX	6.COLOR OR RACE	7. SINGLE, MARRI	ED.	8. DATE OF BIRTH	9. AGE (In years) It Und	er 1 Year Il Under 24 Hours
F	W	WIDOWED, DIVO	RCED (Specify)	JUNE 8 19	last birthday) Month	is Days Hours Min.
	L OCCUPATION (Give kind of		INESS OR INDUSTRY	II. BIRTHPLACE State	e or foreign country) 12	CITIZEN OF
	g most of working life, even if retired) USEWIFE		INDUSTRI	MARYLA	ND(Baltimore)	USA
	R'S NAME	MEETERMEN		14. MOTHER'S MAIDE		
	ARTHUR LE	GO		AD	A ARNOLD	
(Yes, no or un	CEASED EVER IN U. S. ARMER		CIAL CURITY NO.	17. INFORMANT		RESS
		1213-0	3-8284	Roy M. Hughe	es-7418 Windson	
18. /	99.9		CAUSE	OF DEATH		INTERVAL BETWEEN
D	ISEASE OR CONDITION		C.	0.000	Time	1. 1.
	s does not mean the mode of tailure, asthenia, etc. It mes	of dying, e. g., (A	, Olne	sallyes Corci	nomarem	Unknown
	ry or complication which		то			
	ANTECEDENT CAUS	SES				
O DIS	EASES OR CONDITIONS, I		3)			
L RISE	TO THE ABOVE CAUSE (A)		то			
FICA		(0				***************************************
F	11			erendus intella	Manager	
III TRIE	ER SIGNIFICANT CONDI	NOT RELATED				
	THE DISEASE OR CONDITION	98, MAJOR FINDIN	GS OF OPER			20, AUTOPSY?
	0					YES NO
	CCIDENT WAS UNDER-	218. PLACE OF II			(If in Baltimore City, give	e exact location)
	G□ OR CONTRIBUTING□ E OF DEATH	about abait, its autitions.	,001000,00000000000000			
1D. T	ME (Month) (Day) (Year	(Hour) 21E. INJU	JRY OCCURRI	ED 21F. HOW DID IN	JURY OCCUR?	
		m. WHILE AT	NOT WHILE			
22. I	hereby certify that I at	tended the decease	d from	rely 14 1952, t	o aug 9 , 19521	that I last saw the
decea	sed alive on Aug 9	_, 19_52 and that	t death occur	red at 740 pm., fr	om the causes and on the	date stated above.
23A. S	IGNATURE)-11	de of	2	3B. ADDRESS	A 1 / / /	23c. DATE SIGNED
244 BILE	IAL, CREMA-) 248. DATE	Cracrap 1	M. D.	RY OR CREMATORY 2	Maronal Horp	aug 9 1552 couply) (State)
TION, REMO	VAL (Specify)	And Burger				
Buri DATE REC	FIVED BY PEGISTRAR	2,1952 D	ruid Ri	25. FUNERAL DIRECT	Pikesville Md	DDRESS
LOCAL R	1952	L 11/11	1.4		Armacost Ells	worth A
	- LUVEDUM	stor William	M. My	7 /	7 9	- Country
Vs	150		there had	4600 Liber	ty Heights Ave	



1210					
BALTIMORE CITY HI	EALTH DEPARTMENT 52 7486				
CERTIFICATE OF DEATH Registered No.					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Sault. Soseph.	OF DEATH 8/9/52.				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution : residence A. STATE B. COUNTY hefore admission				
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland				
HOSPITAL OR SINA: HOSPITAL Docation	c. Cill on lower (il outside corporate limits, write RURAL and give				
Boltimore, Inc.	Baltimore D. STREET ADDRESS (if rural, give location)				
Mos.	3820 Norfolk Ave				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) N Under 1 Year 1 Under 24 Hours				
Male White WIDOWED DIVORCED (Specify) Married	Jan, 16, 1897 last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
Attorney At Law	Baltimore Md				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Joseph Joseph	Ida ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, po or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
Il wall was I	Mrs Ann Joseph 3820 Norfolk Ave				
1.007.0	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	phocytic Leukemia.				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
Z (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-					
(c)					
E OTHER CIGNIFICANT CONDITIONS	E MANAGEMENT III				
TRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT.	////				
Benign Prosta					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?				
F INJURY WHILE AT NOT WHILE					
m. WORK AT WORK	7				
22. I hereby certify that I attended the deceased from 8	12 1952 to 8/9, 1952, that I last saw th				
deceased alive on 8/9, 1952, and that death occur	rred at / 43 p.m., from the causes and on the date stated above				
Thaneisco humoz alvany. M.D.	Sinai Hospital. 8/10/02				
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Eurial Aug 11,1952 Beth Tfiloh C	emetery Windsor Mill Road Balto, MD				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS 1/260				
AUG 1 1952 Tuntington Williams M. D. Comon + 2 ms Mach aw					
VS ISO					
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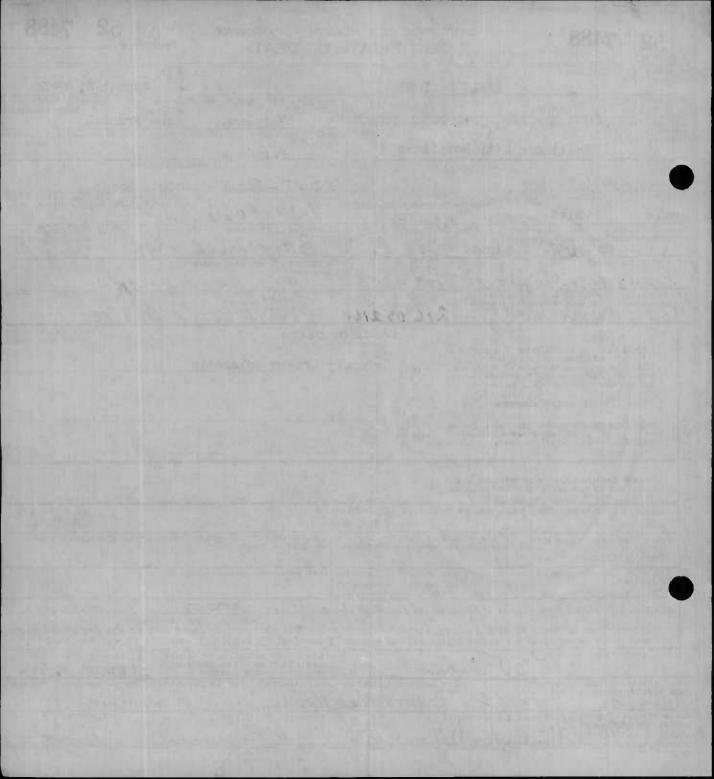


1613				
52. 7487		EALTH DEPARTMENT	Registered No.	7487
BIRTH NO. Non Res.	CERTIFICAT	E OF DEATH	Registered No.	7407
1. NAME OF DECEASED (Type or Print)	TROVATO		OF DEATH Aug.	10,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WE	nere deceased lived. If inst	titution : residence before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR	itution, give street address or location)	The second secon	A.V. G. utside corporate limits, w	wite BUBAL and air
INSTITUTION MERCY HOS	PITAL	BALLINO	ne 3	- O Jownship
	Trs.	11.	ural, give location)	0 / .
5. SEX [6. COLOR OR RACE 7. SIN	Days GLE, MARRIED.	208 S. Hug		er I Year If Under 24 Hours
penule w WIE	OWED DIVORCED (Specify)	July 23 1952	last birthday) Month	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	
- lendmon		Crimina 4	ravato	
15. WAS DECEASED EVER IN U, S. ARMED FORCE: (Yes, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Erminia Trevate(RESS High St.
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death of the complex of the complex of the caused death of the complex of the caused death of the ca	e.g., (A) Aluxe sease, eath.) DUE TO	ere Dehydiatus iting v Deaither	uukunen , etiology,	19 days.
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	ATED			
J 19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
Z 1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
n n	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended		9 1950 to		hat I last saw the
deceased alive on 8-10 , 19√	Z. and that death occur	rred at / /a.m., from the	c causes and on the	date stated above.
Marting Triona	- Certeza M. D.	Mercy Hospis	Int	8-10-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE		CATION (City, town, or	
Burial Aug.11 1952 DATE RECEIVED BY REGISTRAR'S SIGN.	Hely Redeemer	Cemetery 4430	Belair Rd. Bal	t.Md.
ALIG 1 1 1059 Huntington	Williams MD	Forul Della la	322 S.Hig	
Vs 150	to the second	A. A.	1	

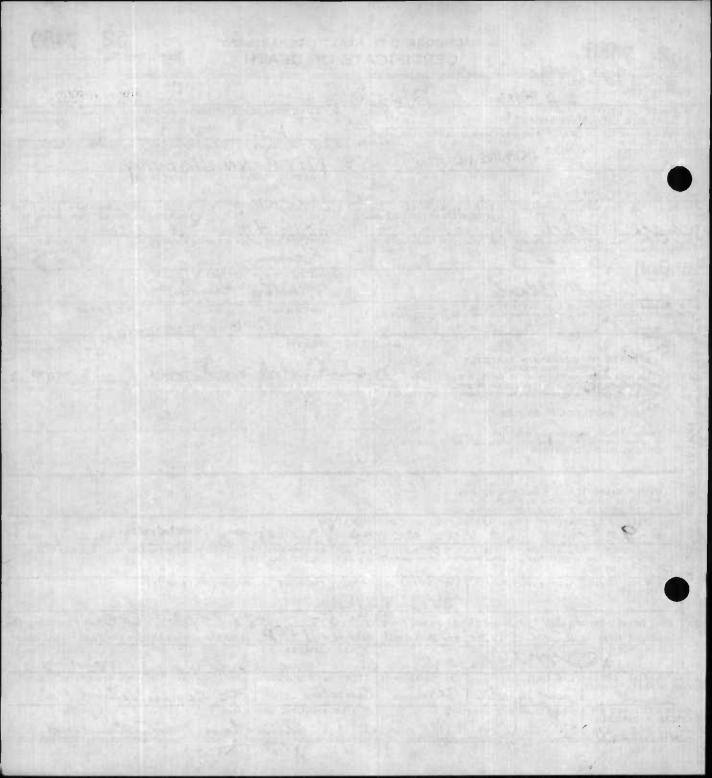
3	50						4	
В	52 IRTH NO.	748	8			EALTH DEPARTMENT E OF DEATH	Registered N	2 7488
(".	NAME OF	t)		EARLE	STONE		2. DATE OF DEATH AUGUST	
A	Baltimor	e City, 1	Maryland	-1	on, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived, If i B. COUNTY Anne Aruno	before admission
Н	OSPITAL C	R	altimore		location)	C. CITY OR TOWN (If	outside corporate limits	
	ength o		Baltimore		Yrs. Mos.	D. STREET ADDRESS (If		
-	.sex	6.CO	LOR OR RACE	WIDOW	Days . MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	Mountain Road 9. AGE (In years last birthday) Mon	Under 1 Year If Under 24 Hours oths Days Hours Min.
10	A. USUAL	OCCUPAT	TION (Give kind of glife, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	. 11	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER	S NAME	U R	GAS	C (8)	14. MOTHER'S MAIDEN NA		U.S.
1! (Ye	5. WAS DECE	ASED EVER	R IN U. S. ARMED	TLEY FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	LAMEN	ACK DRESS
_	ES	Wo	RLDWAR	2 II- 1	2/6-052160	PIRS. FVE	LYN STON	E
	(This cheart f	LEAD does not m ailure, asth	CONDITION DING TO DEAT lean the mode of lenia, etc. It mea leation which c	TH of dying, e.g ns the disease	. (A) Corona	OF DEATH	is	INTERVAL BETWEEL
7			CEDENT CAUS		(B)			
RTIFICATION	RISE T	O THE ABO	ONDITIONS, IF DVE CAUSE (A) CONDITION LA	STATING TH				
RTIFIC	TRIBUT	ING TO TH	II ICANT CONDI TE DEATH, BUT OR CONDITION	NOT RELATE	D			
CE.	19a. DATI				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLY	ING []	AUSE WAS OR CONTRIB- OF DEATH.		CE OF INJURY (e. g., in rm, factory, street, office bldg., e	or 21c, WHERE DID (If	in Baltimore City, gi	ve exact location)
ME		(Month)	(Day) (Year)	W	TE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	22. I cen	rtify tha	t I took char		remains described a	bove, held an auto	psy	thereon and from
	the	evidence	obtained by	said Autor	osy, Inspection or I	Autopsy, I nquiry, find that said do to the control of the control	nspection or Inquiry ceased died on the	day stated above
	23A. SIGN	NATURE	RS	Fiss	her M.	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER	ust 9, 1952
111	BUR I	(Specify)	8-12.	52 2	BALTIMOR	E NATIONAL 240. LO	BALTIMO	~ 1
U	CAL RECEIVE	52AR	REGISTRAR'S	signature /		25. FUNERAL DIRECTOR	would C	Link
V	S 151			9	1 16 A.	3-614 48 1		

the causes of death clearly and legibly.

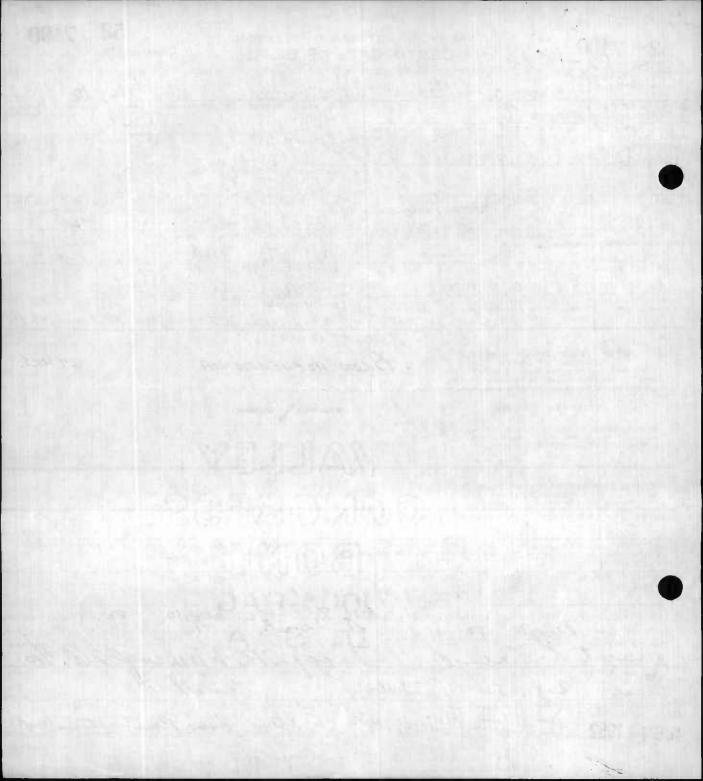
orrect age is especially



1	120			*	
В	52 7489 R.W.		EALTH DEPARTMENT E OF DEATH	52 Registered No	
	NAME OF DECEASED ype or Print) AAHY	Black		2. DATE OF DEATH AUG 1	n 1952
	PLACE OF DEATH: Baltimore City, Maryland	12.111.2.7	4. USUAL RESIDENCE (W		
H	FULL NAME OF (If not in hospital or ins	titution, give street address or location)		outside corporate limits,	write RURAL and alva
11/	JOHNS HOPKINS	HOSPITAL	4. 4	ellabura	township)
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	
5.		GLE, MARRIED. DOWED, DIVORCED (Specify)	3-1-49	9. AGE (In years H Uni last birthday) Month	der I Year II Under 24 Hours his Days Hours Min.
1 C worl	A. USUAL OCCUPATION (Givekind of tob. For done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Robert Black		14. MOTHER'S MAIDEN NA		
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCE s, oo or uoknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		PRESS
ERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, eathenia, etc. It means the dinjury or complication which caused danger of the ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATINGUNDERLYING CONDITION LAST.	e.g., (A)	dulloblus	tome	3 months
O	TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	ATED	PATION	and the state of t	20, AUTOPSY?
EDICAL	8-9-52.	ssue remand	for piobos	. ventricolognes	YES NO D
MEDI	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about b	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e	n or 21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, give	e exact location)
	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI		OCCUR?	
	22. I hereby certify that I attended	· ·	5- , 195 2 to 8	-10- 1952	that I last saw the
		Land that death occur		he causes and on the	date stated above.
	grom w.	M.D.	JOHNS HOPKING		23c. DATE SIGNED
710	DA. BURIAL, CREMA. 248. DATE ON REMOVAL (Specify) Out 14-52	Union Cer	netry Mc	Connellab	county) (State)
	TE RECEIVED BY REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR	Post +	DURESS
	VS 150	y 5 2 1	1 TACA	1 Countries	1 ma
		4.	1 7 0 0		



- 5	253						*				
	52 7490					LTH DEPART		Domis	52 stered No.	7490)
	RTH NO. 53	-18/2	3	CERTIFIC	CATE	OF DEAT	H	Regis	stered No.		
	NAME OF DECEAS	rearin	· Wi	lliam	R	senda	le.	2. DATE OF DEATH	aug	10 19	52
	PLACE OF DEATH: Baltimore City, I	Maryland			110	SUSUAL RESID	ENCE (WI			itution : reside before adn	
H	FULL NAME OF SPITAL OR	(If not in hospital of	or institutio		anation \	ETTY/OR TOWN	(III)	outside corpor	rate limits, w	rite RURAL a	nd give
10	whitalt	the TV	mel	udn	d -	Tlytra	lon		5	300 to	wnship)
G.	Length of stay in	Baltimore		0	Yrs. Mos. Days	STREET ADOR	IESS OF THE	ural, give loc	ation)		
			SINGLE WIDOW	MARRIED,	8	PATE OF BIRT	Н	9. AGE (In last birth	years Und day) Month	r l Year H Under	24 Hours Min.
10	A. USUAL OCCUPAT	TON (Give kind of 1	OB. KIND	OF BUSINESS	OR 1	MY 8 19	State or for	eign country) 12	. CITIZEN OI	F
	doorduring most of worklo	glife, evec if retired)	<		USTRY	(Batto	- m	d		L. SA	NTRY?
13	FATHER'S NAME	1 Par		No	4	MOTHER'S M	AJDEN NA	ME 0	Init.	0	/
15	. WAS DECEASED EVER	R IN U. S. ARMED F	ORCES?	16. SOCIAL	X	7. INFORMANT	agave	uh J	ADD	RESS	
	no -	ee, give war or dates of	service)	SECURITY	NO. Le	o y. Rose	idale	- 12 Bu	etler R	1 - Glyns	dowyl
	18. 491 X	CONDITION DI	DECTIV	CA	USE OF	DEATH				ONSET AND	DEATH
	(This does not m	ING TO DEATH	dying, e.g.	, (A)	RONG	HOPNEU	MONIA	?		24 HK	5.
		cnia, etc. It means cation which caus									
Z	ANTEC	CEDENT CAUSES	5	(8)							
TION	RISE TO THE ABO	ONDITIONS, IF A OVE CAUSE (A) ST CONDITION LAST	ATING THE	G				***************************************			
FICA	- ONDERETING C	ONDITION EAST		(C)		***************************************	*****************	******			
RTIF		II CANT CONDITION									
CE	TO THE DISEASE	OR CONDITION C	AUSING IT								
CAL	19A. DATE OF OPE	RATION 198	. MAJOR	FINDINGS OF	OPERAT	ION				YES YES	NO
EDI	21A. ACCIDENT W LYING OR CON' CAUSE OF DEATH	TRIBUTING ª		CE OF INJURY				in Baltimor	e City, give	exact locatio	n)
Σ	D. TIME (Month)	(Day) (Year) (H		1E. INJURY O		21F. HOW DIE	YRULNI C	OCCUR?			
h			m.	WORK A	T WORK	7 .			-		
	22. I hereby certs deceased alive on	ify that I atten	ded the o	deceased from	h occurre		2, to Me			hat I last so date stated	
	23A. SIGNATURE	AY		0		ADDRESS	11.	10		3c. DATES	
24	A. BURIAL, CREMA-	24B. DATE	2	4c. NAME OF C	EMETERY	A CREMATORY	24D. LO	CATION (Ci		county) (State)
	ON, BMOVAL (Specify)	aug 11-5	72	1 /01-11	rug		,	all le			
	CAL REGISTRAR	REGISTRAR'S	ton N	Hisus.	M37. 3	F Elin	e. An	us Re	esters	town M	d
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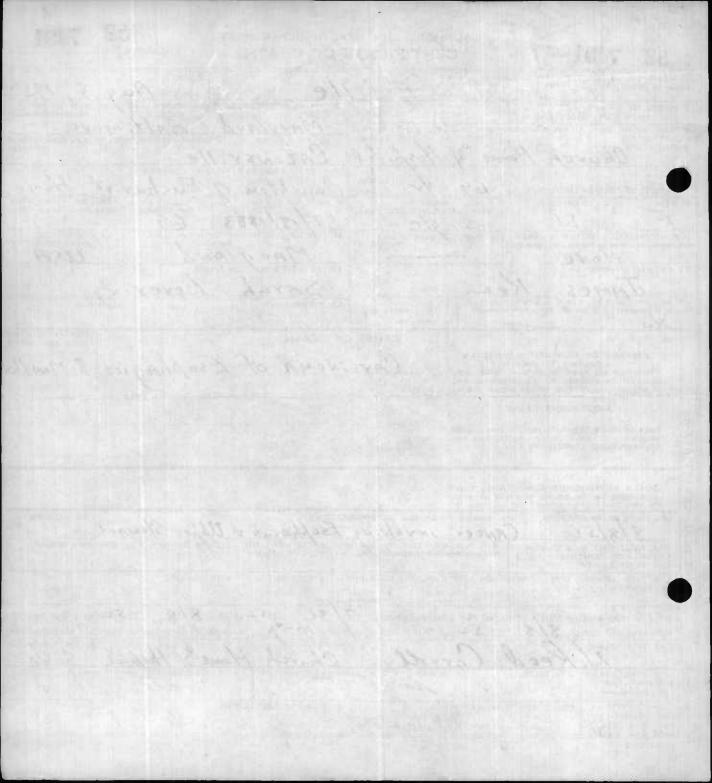


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52	7491
Registered No_	1.01

IRTH NO.	7491	CERTIFICATE OF DEATH
IRTH NO.	, ,,,,,	

1. NAME OF DECEASED (Type or Print) Kean Miss Estelle 2. DATE OF DEATH Aug	8 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived. 15 in a country by Co	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or MAYVIANA BALTIM	OYC
INSTITUTION (1)	write RURAL and give township)
Church Home 4 Hospital CATONS Ville Yrs. D. STREET ADDRESS (If rural, give location)	0%
Dength of stay in Baltimore 69 1/25 Mos. Days Daughters of Euchayis	+ Home
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If II last hirthday) Monitorial State of the second secon	
F W Single 17/18/1883 69	and and and and and
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
Tarans NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AD	RESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	DRESS
18. 150 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, astenia, etc. It means the disease,	8 Months
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO LINDERLYING CONDITION LAST	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (ANCEL INVOIVING ESOPHACES & Upper Stomace	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in or 2fc. WHERE DID LYINGT) OR CONTRIBUTINGT about home, farm, factory, street, office foliag., stc.) INJURY OCCUR?	
LYING OR CONTRIBUTING about home, farm, factory, street, office-foldg., etc.) CAUSE OF DEATH About home, farm, factory, street, office-foldg., etc.)	
21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
1 70.	that I last saw the
deceased alive on 8/8, 19 \$2 and that death occurred at 0 = 6m., from the causes and on the	date stated above.
Il Keed Covall M.D. Church Home 30 Hospital	8/8/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of TION, REMOVAL (Specify)	r county / (State)
Detrick 8-11-0 Dr. Ceroun Dallo	mel.
LOCAL REGISTRAR I A A TAILUS	ADDRESS
AUG 1 1 1952 Muntington Wallacus, My Denge Lowery Cal	readly no
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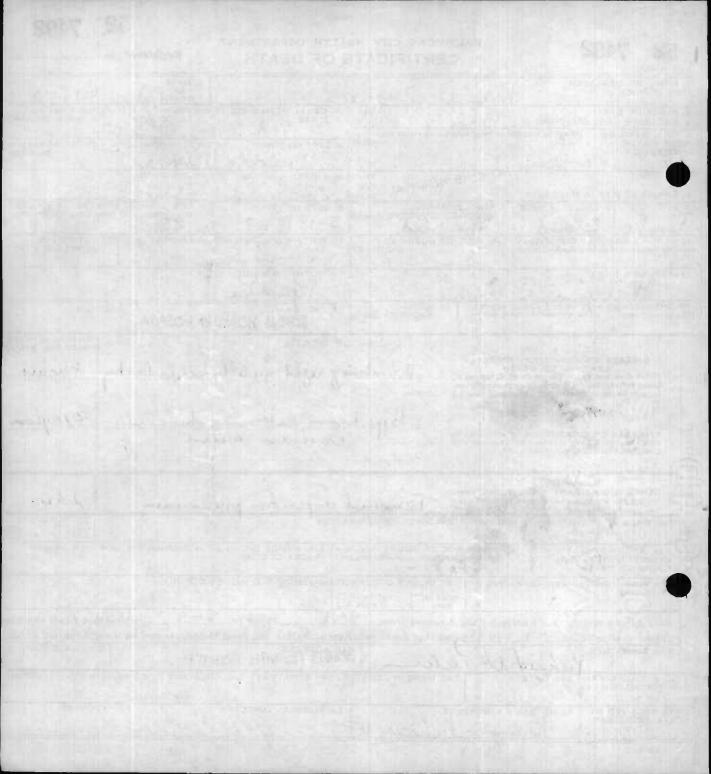


52 7492

BALTIMORE CITY HEALTH DEPARTMENT. CERTIFICATE OF DEATH

	, ~~	J.J.C
egistered	No.	

BIRTH NO.	L OI DENTIL
1. NAME OF DECEASED (Type or Print)	2. DATE OF O C 10
Tanne duga	DEATH UNA 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inditution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location	
INSTITUTION	middle River township)
Yrs.	D. STREET ADDRESS (If rural, give location)
C. Length of stay in Baltimore JOHNS HOPKINS HOSPITAL Mos. Days	Mobernell and 5354
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE (in years) II Under 1 Year II Under 24 Hours
Timele Colored Married (Specifs	3-1-1867 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Jurguna
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Geven	Bessil:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of sorvice) SECURITY NO.	17. INFORMANT ADDRESS HOPKINS HOSPITAL
18. 443X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	14 100 00 100
(This does not mean the mode of dying, e.g.,	40 of right middle cerebi-lavely overus
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
HADAN	usive arterevielentie carolis- 15/09kars.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	Vascular diseau
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE GEATH, BUT NOT RELATED	I askeration mercunia 2 hrs.
TO THE DISEASE OR CONDITION CAUSING IT	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	
□ LYING □ OR CONTRIBUTING □ about home, farm, factory, street, office bldg	,,eto.) INJURY OCCUR?
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from.	8-9, 1953, to 8-9, 1953 that I last saw the
	erred at 5.45 km., from the causes and on the date stated above.
23A. SIGNATURE Sechard Willer M. O.	TOHNS HOPKINS HOSPITAL 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)
temorallug11/5 4	Imporea va
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 1 1 1950 Huntington Williams, M.	& Mie off of others of Maught
VS 150	1120000



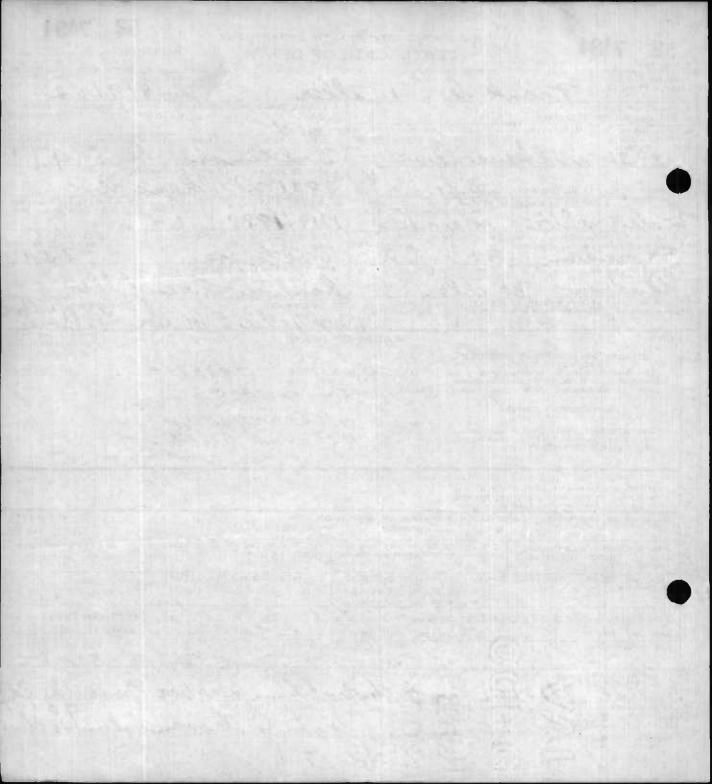
BALTIMORE CITY HEALTH DEPARTMENT

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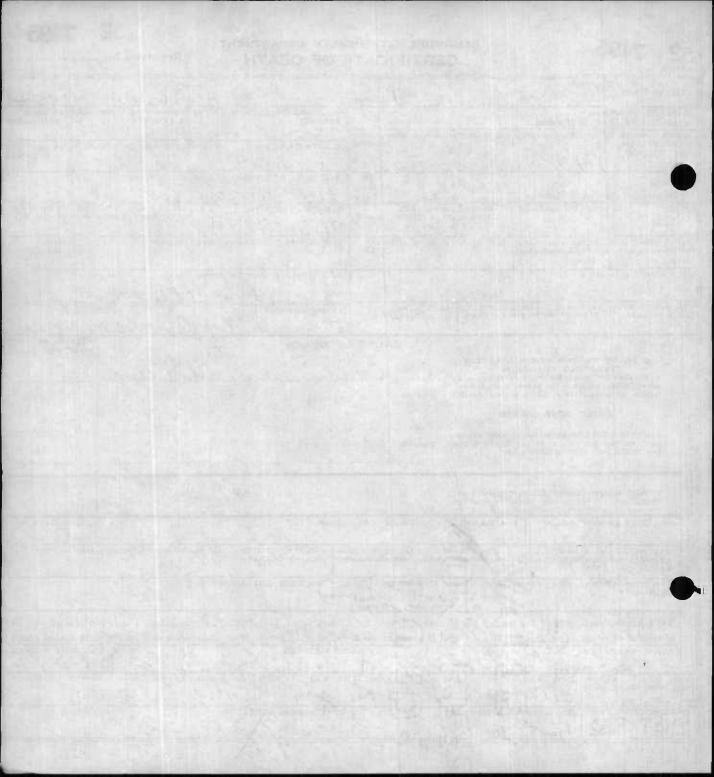
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Ce OF Danie DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution residence A. Baltimore City, Maryland STATE B. COUNTY before admission) Alf not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR # location Uf outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. ADDRESS. (I rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED If Under 1 Year 8. DATE 9. AGE (In years) If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 6 married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR 13. FATHER'S NAME 14. MOTHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from. 5-19__, that I last saw the , and that death occurred at 1.30 Am. deceased alive on 52, 19_ from the causes and on the date stated above. 23A. SIGNATURE 238. ADDBESS 28c. DATE, SIGNED 24A. BURIAL, CREMA- 248. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 14 Carris IVI

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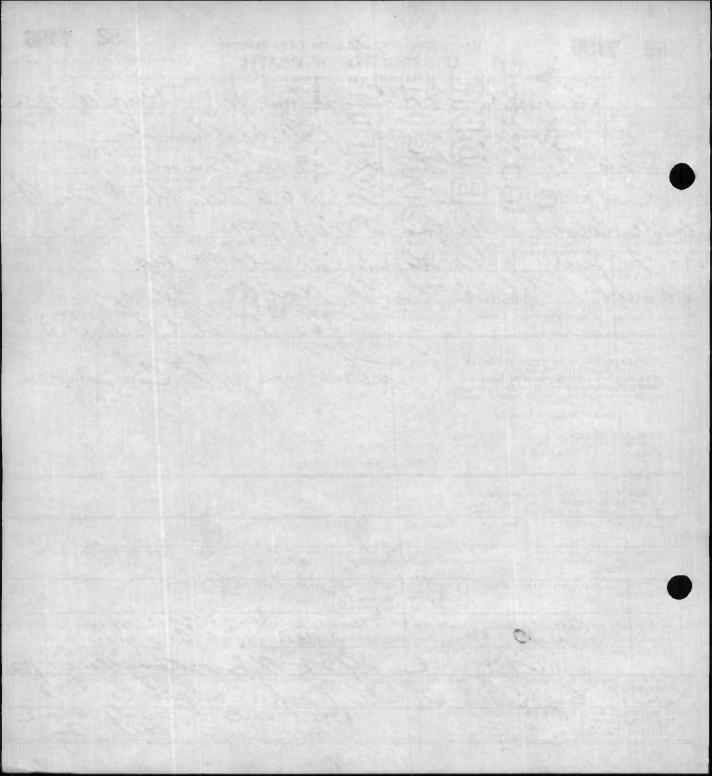
BIF	RTH NO.							
	NAME OF DE	Tras	k-a	· m	eller		2. DATE OF DEATH 8	9/52
3. I	Baltimore C	ity, Maryland			4. USUAL R	ESIDENCE (W	here deceased lived, B. COUNTY	If institution; residence before admission)
НО	SPITAL OR STITUTION	Wilk	ens.	ive street address of location	Bal	timo	outside corporate li	mits, write RURAL and give township)
	ength of st	tay in Baltimore	Lile	Yrs. Mos. Days	3831	Wi	lkens	are
5.	Nole	6. COLOR OF RACE		RRIED, DIVORCED (Specific	8. DATE OF	1888	9. AGE (in years last birthday)	Months Days Hours Min.
		CUPATION (Give kind of f working life, even if retired		BUSINESS OR INDUSTR		ACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	rew 7	n ille	r	14. MOTHER Raul	'S MAIDEN NA	rent	fler
	was DECEASE no or unknown)	D EVER IN U. S. ARME (If yes, give war or dat		SOCIAL SECURITY NO.	WA ne	ellie E.	miller	wilkens
TION	(This does heart failure in jury or DISEASES	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	TH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE	(A)	EMBRA	e NSIVE	CAPA CEASE	
CERTIFICA	OTHER S	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	ITIONS CON-	(C)				
4	19A. DATE O	F OPERATION	19B. MAJOR FIN	IDINGS OF OPE	RATION			20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING	A. A. A. A. A. A. C. Communication of the Communica	OF INJURY (e. g. sctory, street, office bids		ERE DID (I	If in Baltimore Cit	ty, give exact location)
Σ		(Month) (Day) (Year	m. WHILE		.EC	א סום ואטערי	Y OCCUR?	
		y certify that I at live on 8 9	tended the dec	eased from that death occ	urred at 10.	, 1962, to	8 9 , 19 he causes and o	967, that I last saw then the date stated above
	23A. SIGNA		2/ ×	Param. O.	23B. ADDRESS	/same	Com Re	23C. DATE SIGNED
24 TIC	BURIAL, SON REMOVAL (S	CREMA- 24B. DATE Specify) 8/13	152 he	whather	dral 6	TORY 340. L	ocation (City, to	rederich Rd
LC	TE RECEIVE	1952 REGISTRAF	is SIGNATURE	11:	25. FUNERA	J.6	ovan +	Son Holling
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VS 150



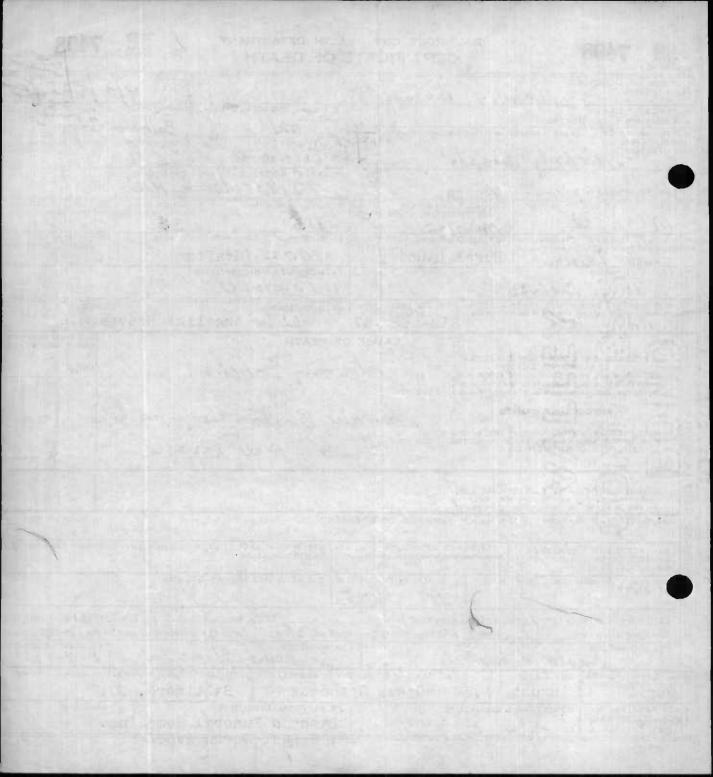
52 7496 7496 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH institution: residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' If outside corporate limits, write RURAL and give INSTITUTION 6 Mos. c. Length of stay in Baltimore SING 9. AGE (In years) If Under 1 Year WED. DUTORCED last birthday) | Months | Days | Hours | Min. or foreign country) 12. CITIZEN OF WHAT COUNTRY? MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE AT WORK WORK 195/ tol (10, 1952 that I last saw the 22. I hereby certify that I attended the deceased from the deceased alive on May 1952 and that death occurred at 10 P. m., from the cases and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Secify) 24B. DATE REALSTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRA VS 150



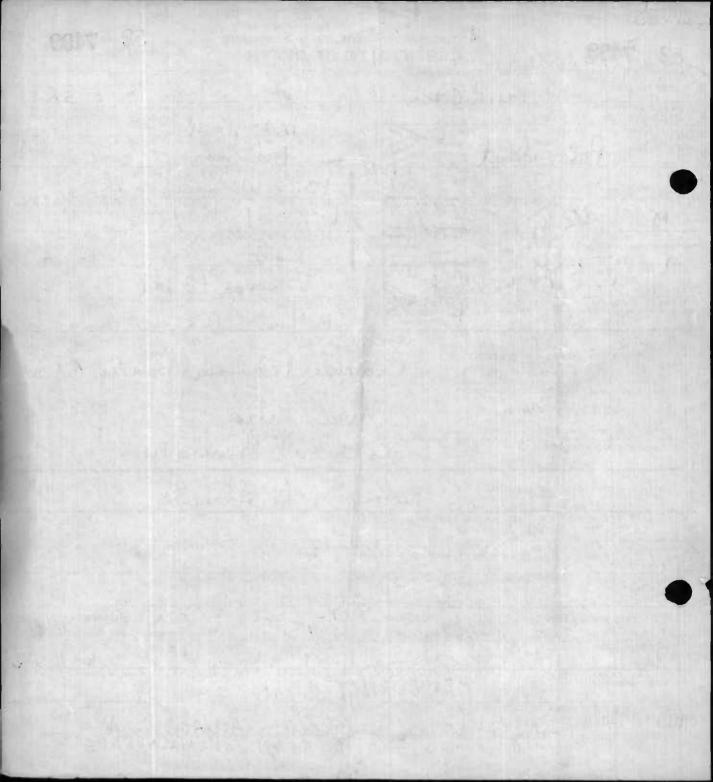
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) INNA OF Pown DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) side corporate limits, waite RURAL and give Yrs. Mos. ngth of stay in Baltimore Days 7. SINGLE MARRIED 6. COLOR OR RACE It Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. USUAL OCCUPATION (Give kind of KHND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSZ WHAT COUL meuc 3. FATHER'S NAME 15. WAS DECEASED EVER IN U ARMED FORCES; Yes, no or unknown) (If yes, give way or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RIERIO SCLEROTIC (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DABRIES MELLITUS ; Obesit OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB UTING CAUSE OF DEATH. Z 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK AT WORKS 22. I certify that I took charge of the remains described above, held an __ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TLOW, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY (State) RECEIVED BY SIGNATURE

Mucht shirt trype to sive Heart Chestra Mentre ! Oberes

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nicholas BRANAS DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE Defore admission) A. Baltimore City, Maryland Baltmore 4/4 B. FULL NAME OF (If not in hospital or institution, give street address or location (If outside corporate limits, write KURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) 4 NIVERSIL (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 5vears Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. If Under 24 Hours 5. SEX 6. COLOR OR RACE MAYILEQ 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY (Grafton) Bugel Laundry Iruek 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME enelo DRAWAS 1014 15. WAS DECEASE EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT 2-2820-57 Angeliki Bravasame 110 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INST monary (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO bulletin & Congestive failure ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES NO (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 1D. TIME (Month) (Day) (Year) (Hour) FINJURY NOT WHILE 19 24 to 19 3, that I last saw the 22. I hereby certify that I attended the deceased from. 1952, and that death occurred at 500 Pm. from the causes and on the date stated above. deccased alive on. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL. CREMA-TION REMOVAL (Specify) BURIAL 24c. NAME OF CEMETERY OR CREMATORY / 24o. LOCATION (City, town, or county) Baltimore, Md. Greek Orthodox August 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE AUG T 17952 Funeral Home Inc. Lambros North Ave. VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland AB. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. o. STREET ADDRESS (If rural, give location) Mos. 025 ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under I Year AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. ua IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 492X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES, OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFI 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE [WHILE AT WORK 8 - 8 - 1957, that I last saw the 195 % to 22. I hereby certify that I attended the deceased from Pm., from the causes and on the date stated above. 19 5 % and that death occurred at deceased alive on 8-8 23A. SIGNATURE 23c. DATE SIGNED N. Cara 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LAGNE RECISTS VS 150



BALTIMORE CITY HEALTH DEPARTMENT

52 7500 Registered No.

BI	RTH NO.			OLIVIII IO/VI				
	NAME OF DE					2. DATE		
		HONORing	G S.	mmonds		DEATH &	-4- ,52	
Α.		ity, Maryland			4. USUAL RESIDENCE (W	here deceased lived. I	f institution; residence before admission)	
HO	SPITAL OR			ion, give street address or location)		Harfor		
IN	STITUTION	The Gundry	San	itaruum ,	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL and give township)	
	A		1		70265			
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
		ay in Baltimore		/ 2 Days	Handful	6	200	
5.	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	fi Under I Year II Under 24 Hours Inches Days Hours Min.	
	+	W		arried	SE1714 1875	7 6	Day's Hours Min.	
10	A. USUAL OCC	CUPATION (Give kind of	10s. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
WOI		working life, even if retired)	N.	INDUSTRY	OswEGO	WV	WHAT COUNTRY!	
13	FATHER'S N		1- 8	NE	14. MOTHER'S MAIDEN NA	AME	7, 5, 0	
1	,	1. 0.				Sordy		
15	WAS DECEASE	D EVER IN U. S. ARMED		1 10 000111	111111111111111111111111111111111111111			
(Ye	, no or unkoowo)	(If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	. , H3	ADDRESS , Md	
		No.		NONE	Miss Gene Sim	monds	17 / 17	
	18. 420	1		CAUSE	OF DEATH	41-4	INTERVAL BETWEEN	
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH	
		not mean the mode o	TH	Catal	ral hemantage		1 1 4-	
	heart failur	re, asthenia, etc. It mea:	ns the diseas	e,		2-		
	injury or	complication which c	aused death	1.) DUE TO			SELECTION SERVICES	
		ANTECEDENT CAUS	ES					
Z	DISFASES	OR CONDITIONS, 11	E ANY GIVIN	(B) HITCH	with valueby in	7610250	Ve + \$2	
Ě	RISE TO TI	HE ABOVE CAUSE (A)	STATING TE	HE DUE TO	, with value i- in	olvement		
U	UNDERLY	ING CONDITION LA	ST.					
TIFICATIO		11		(C) SEVELA.	1 previous attacks	of coronary		
RT	OTHER S	IGNIFICANT CONDI	TIONS COL	N -	thrombosis			
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ŁD .				
U		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL		0					YES NO	
DIC,		NT, SUICIDE.		ACE OF INJURY (e. g., i		f in Baltimore City,	give exact location)	
믭	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
Σ	SID TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	F INJURY	22011117 (2013) (2011)		WHILE AT NOT WHILE				
			m.	WORK AT WORK				
	22. I hereby	y certify that I att	ended the	deceased from Ju	1x 22 , 1953, to A	ugust F, 195	3, that I last saw the	
					rred at 3:20 m., from ti			
	23A, SIGNATURE 23B, ADDRESS . 23c. DATE SIGNED							
	0	Rayle K. Juns	lu	M. D.	The Grundry Sanitarin	Athol Batterior 29/	19 8-6-25	
TIC	DE REMOVAL (S)	REMA- 24B. DATE	1952	St. Mare	10	evertore H	rifold Wild	
	ATE RECEIVED		SIGNATU	JRE /	25. FUNERAL DIRECTOR	11.0	ADDRESS	
L	LOCAL REGISTRAR Huntington WH.							
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